



Personal - Post agency  
activity

SECRET

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				26 FEBRUARY 1970	
1. SERIAL NUMBER 027630		2. NAME (Last-First-Middle) HIDALGO, BARTHELEME N. JR.			
3. NATURE OF PERSONNEL ACTION RETIREMENT (DISABILITY) UNDER CIA RETIREMENT DISABILITY SYSTEM		4. EFFECTIVE DATE REQUESTED MO DAY YEAR 02 28 70		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS X O TO V		7. FINANCIAL ANALYSIS NO. CHARGEABLE 0235 0620		8. LEGAL AUTHORITY (Completed by Office of Personnel) PL 86-543 Sec. 231	
9. ORGANIZATIONAL DESIGNATION DDP/WH BRANCH 2 PANAMA SECTION		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.			
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 1318		13. CAREER SERVICE DESIGNATION D.	
14. CLASSIFICATION SCHEDULE (GS, GS, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5	
17. SALARY OR RATE \$15,173					
18. REMARKS SUBJECT HAS SIGNED WAIVER FOR SICK AND ANNUAL LEAVE ACCUMULATING AFTER 28 FEBRUARY 1970.  NOT Recommended in Agency Reserve Program due to Health & Financial for 13. Dulles W.H/PAS  1 - FINANCE					
19A. SIGNATURE OF REQUESTING OFFICIAL HENRY L. BERTHOLD, C/WH/PERS		DATE SIGNED 26 FEB 70		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER DATE SIGNED 27 FEB 70	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 45 10	20. EMPLOY CODE	21. DATES CODING NUMERIC ALPHABETIC	22. SENIOR CODE	23. INTEGREE CODE	24. MONTHS CODE
25. DATE OF BIRTH MO DA YR 05 27 19	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR			
28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA CODE	31. SEPARATION DATA CODE	32. FORFEITURE CANCELLATION DATA TYPE	33. SECURITY REQ NO
34. NET PREFERENCE CODE	35. SERV COMP DATE MO DA YR	36. LONG COMP DATE MO DA YR	37. CAREER CATEGORY CODE	38. HEALTH INSURANCE CODE	39. SOCIAL SECURITY NO
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE	41. LEAVE CAT CODE	42. FORM EFFECTIVE CODE	43. FEDERAL TAX DATA CODE	44. STATE TAX DATA CODE	45. POSITION CONTROL CERTIFICATION
46. C.F. APPROVAL DATE APPROVED 3/4/70					

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

SECRET

## EMPLOYEE NOTICE OF RESIGNATION

RESIGN EFFECTIVE

(Date)

FOR THE FOLLOWING REASON

MAR 2 10 20 AM '70

MY LAST WORKING DAY WILL BE

DATE SIGNED

SIGNATURE OF EMPLOYEE

FORWARD COMMUNICATIONS, INCLUDING SALARY CHECKS AND BONDS, TO THE FOLLOWING ADDRESS (Number, Street, City, State, Zip Code)

403 Shiner Rock Rd.  
Rockville, Maryland 20851

## INSTRUCTIONS

Items 1 thru 7, and Items 9 thru 18a } The initiating office should fill in each of the referenced items. Items 3 thru 7 and 9 thru 18 require information which pertains *only* to the action requested, and NOT to the current status of the employee unless specific items remain unchanged.

Item 5 - "Category of Employment" should show one of the following entries:

Regular  
Part Time  
Temporary  
Temporary-Part Time

Summer  
Detail-Out  
Detail-In

WAE  
Consultant  
Military

Item 9 - "Organizational Designations" should show *all* levels of organization pertinent to identifying the location of the position:

FIRST LINE  
Major Component (Director, Deputy Director, etc.)  
Office, Major Staff, etc.  
Foreign Field or U.S. Field (if pertinent)  
Division or Staff (subordinate to first line)  
Branch  
Section  
Unit

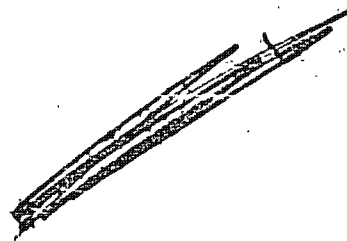
Items 11 and 15 - "Position Title" and "Occupational Series" should be the standard abbreviated title and corresponding occupational series in Handbook of Official Occupational Titles and Codes for the duties actually to be performed by the employee. If different from the title and series of the position occupied as shown on the most current edition of the Position Control Register or Form 261, Staffing Complement Change Authorization, explain under Item 18-Remarks.

Item 18b - Signature should be that of the official authorized to approve for the Career Service to which the employee belongs. If more than one Career Service is involved, the *gaining Career Service* should approve and the other Career Service should concur in Item 18, Remarks.

**ROUTING-** The original only of this form will be forwarded to the Office of Personnel through the appropriate Career Service official(s). In the case of requests specified in HB 20-800-1, which require advance approval of or notification to the Office of Security or the Office of Finance, one copy only will be sent to the Office(s) concerned.

SECRET





MEDICAL

25 JUL 1969

MEMORANDUM FOR: Mr. Balme N. Hidalgo, Jr.

SUBJECT : Exceptional Service Emblem

1. Your request for consideration to receive the Exceptional Service Emblem has been reviewed by this office to determine your eligibility for the award. With considerable regret, I must concur in the assessment that the injuries you suffered in the line of duty do not fall under the special criteria governing award of the Exceptional Service Emblem. Hazardous duties, in the meaning of the governing regulation, relate to duties performed in areas in which internal strife, civil disturbances or hostile action by armed forces or persons unfriendly to the United States were present at the time the injury was incurred, or, relate to duties performed in an assignment defined as hazardous due to unusual geographic or other natural conditions.

2. You may be sure that this decision has been based upon thoughtful deliberation. Please accept my personal thanks for a job well done under difficult conditions.

Robert C. Wattles  
Director of Personnel

Distribution:

- 0 - Addressee
- 1 - C/WH/Pers
- 1 - OPF/Hidalgo
- 1 - D/Pers
- 2 - BSD/HMAB

14-00000

S E C R E T

24 June 1969

MEMORANDUM FOR: Baltes E. Hidalgo

VIA : WA/RMO

SUBJECT : Records Officer Appointment

1. In accordance with a request received from your component, you are hereby appointed a Records Officer in the Clandestine Services. Your functions are described, in summary, in CSI 70-1, Para. 4.d. You have also participated in a training course in which these functions were reviewed in some detail.

2. The essence of your appointment is that you now occupy a position of trust in which you are expected to draw on your knowledge and experience to exercise responsible and sound judgment in building and maintaining a professionally useful records system in the Clandestine Services. You are, at the same time, expected to train and guide others within your component in these respects.

3. A copy of this memorandum will be placed in your official personnel folder.

*Edward A. Marelius*  
EDWARD A. MARELIUS  
DDP Records Management Officer

cc: Personnel File of Addressee

S E C R E T

GROUP I  
Excluded from automatic  
downgrading and  
declassification

SENSITIVE OPERATIONAL  
1968

SECRET

(When Filled In)

438

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				10 August 1966	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
027630		HIDALGO, EMMANUEL N., JR.			
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM				4. EFFECTIVE DATE REQUESTED	
				MONTH DAY YEAR 08 14 66	
5. CATEGORY OF EMPLOYMENT REGULAR				6. LEGAL AUTHORITY (Completed by Office of Personnel)	
7. COST CENTER NO. CHARGEABLE				8. PL 88-643 Sect. 203	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION	
DDP/WH				WASHINGTON, D.C.	
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
				D	
14. CLASSIFICATION-SCHEDULE (GS 18, 19, 20)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
				12	
17. SALARY OR RATE		18. REMARKS			
		YOU ARE HEREBY NOTIFIED OF YOUR RIGHT TO APPEAL THIS ACTION TO THE DIRECTOR OF CENTRAL INTELLIGENCE IN ACCORDANCE WITH THE PROVISIONS OF HR 20-50. SUCH APPEAL MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR WITHIN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THIS ACTION.			
19A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
				DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE	21. EMPLOY CODE	22. OFFICE CODING	23. STATION CODE	24. INTEGRATE CODE	25. DATE OF BIRTH
		NUMERIC ALPHABETIC			MO. DA. YR.
26. DATE EXPIRES	27. SPECIAL REFERENCE	28. RETIREMENT DATA	29. SEPARATION DATA CODE	30. CORRECTION CANCELLATION DATA	31. SECURITY REQ NO.
MO. DA. YR.		1-ISC 2-TICA 3-NONE	CODE 2	TYPE MO. DA. YR.	
32. VET. PREFERENCE	33. SERV. COMP. DATE	34. LONG. COMP. DATE	35. CAREER CATEGORY	36. FEGLI HEALTH INSURANCE	37. SOCIAL SECURITY NO.
CODE 1-NONE 2-1 PT. 3-10 PT.	MO. DA. YR.	MO. DA. YR.	CODE 1-CAR. DESK 2-PROD. TEMP.	CODE 1-YES 2-NONE	
38. PREVIOUS GOVERNMENT SERVICE DATA		39. LEAVE CAT. CODE	40. FEDERAL TAX DATA		41. STATE TAX DATA
CODE 1-NONE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			CODE 1-YES 2-NONE		CODE 1-YES 2-NONE
42. POSITION CONTROL CERTIFICATION			43. O.P. APPROVAL		
027630-041			See memo signed by D/Pers dated: 26 JUL 1966		
DATE APPROVED					

1152  
3-7-66

USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

(S and Secret A)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 10 DECEMBER 1965	
1. SERIAL NUMBER 027630		2. NAME (Last-First-Middle) HIDALGO, BALYES N.									
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE/REQUESTS DEC 19 65			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS X		V TO V		V TO O		CST CENTER NO. CHARGE 6235 - 0620		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DOP/WH BRANCH 2 PANAMA SECTION					10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.						
11. POSITION TITLE OPS OFFICER (GS-12)					12. POSITION NUMBER 1318		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (G.S. 1.B. (a)) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 -2		17. SALARY OR RATE \$-10,987				
18. REMARKS FROM: WH/C/MIAMI OPS BR/FT SECTION/5235 - 1162/1145/WASHINGTON, D. C.											
1 - FINANCE											
18A. SIGNATURE OF REQUESTING OFFICIAL ROBERT D. CASHMAN C/WH/PERSONNEL					DATE SIGNED 12/15/65		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>		DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 57	20. EMPLOY CODE 11	21. OFFICE CODING NUMERIC ALPHABETIC 57370 WH		22. STATION CODE 1503	23. INTEGRATE CODE	24. MOBILE CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR	27. DATE OF LST MO DA YR		
28. RTE EXP. RES MO DA YR	29. SPECIAL REFERENCE 1-CSC 2-FICA 3-ROSE	30. RETIREMENT DATA CODE		31. SEPARATION DATA CODE	32. CORRECTION CANCELLATION DATA MO DA YR		33. SECURITY REG UP		34. SET		
35. VET PREFERENCE CODE 0-None 1-5 PT 2-10 PT		36. SERV COMP DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER INTERVIEW CAR RES PROV TEMP		39. HEALTH INSURANCE CODE 0-None 1-YES 2-NO			
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE		43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44. STATE TAX DATA CODE 0-None 1-YES 2-NO			
45. POSITION CONTROL CERTIFICATION					46. OFFICE APPROVAL <i>[Signature]</i>			DATE APPROVED 12/15/65			

Recorded by  
CSPD

EOD DATA

SECRET

**CONFIDENTIAL**  
(When Filled In)

<b>NOTICE OF LONGEVITY COMPUTATION DATE</b>		<input checked="" type="checkbox"/> <b>VOUCHERED</b>
		<input type="checkbox"/> <b>UNVOUCHERED</b>
<b>NAME (Last, First, Middle)</b>		<b>SERIAL NUMBER</b>
HIDALGO B N Jr		027630
<b>OFFICE (and division)</b>		
DDP/WH		
<input type="checkbox"/> <b>ORIGINAL</b>	<b>LONGEVITY COMPUTATION DATE</b>	
<input checked="" type="checkbox"/> <b>CORRECTION</b>	02-18-52	
<b>THIS DATE</b>	<b>SIGNATURE (Office of Personnel)</b>	
12-13-65	[Signature]	
<b>FORM 171a</b> 11-59	<b>CONFIDENTIAL</b>	(4)

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION



SECRET

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 9 APR 64	
1. SERIAL NUMBER 02733		2. NAME (Last-First-Middle) A. DALLO, B. N. Jr.									
3. NATURE OF PERSONNEL ACTION EXCLUDED APPOINTMENT (see 120)						4. EFFECTIVE DATE REQUESTED MONTH: 04 DAY: 16 YEAR: 64		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS X V TO V CF TO V		V TO C CF TO C		7. COST CENTER NO. CHARGE AMT 4257-1000-100		8. LEGAL AUTHORITY (if completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP Spec: 1 Affairs Staff #03/05 Development Complement						10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE OPS OFFICER						12. POSITION NUMBER XXXX 7277		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.) GS				15. OCCUPATIONAL SERIES 0136.07		16. GRADE AND STEP 12 (1)		17. SALARY OR RATE \$9900			
18. REMARKS * 0 yrs. <del>For medical reasons. Not to exceed one year.</del> For duration of period that the individual is on sick leave; not to exceed one year per 505 1 of Payroll; 1 of Security 3/59										Recorded by CSPD RPH	
18A. SIGNATURE OF REQUESTING OFFICER G. L. DALLO, JR. 9 APR 64				DATE SIGNED 9 APR 64		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER George H. Bennett 13 APR 64				DATE SIGNED 13 APR 64	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 13		20. EMPLOY CODE W		21. OFFICE CODING NUMERIC: 4447 ALPHABETIC: SAS		22. STATION CODE 78013		23. INTEGRITY CODE 1		24. MODERN CODE MO DA YR 03 12 63	
25. DATE OF GRADE MO DA YR 12 22 63		26. DATE OF LEL MO DA YR 12 22 63		27. DATE OF LEL MO DA YR 12 22 63		28. DATE OF LEL MO DA YR 12 22 63		29. DATE OF LEL MO DA YR 12 22 63		30. DATE OF LEL MO DA YR 12 22 63	
29. RITE GRAPHES MO DA YR		31. SPECIAL REFERENCE 1-YES 2-YES 3-NO		32. RETIREMENT DATA CODE 1		33. SEPARATION DATA CODE TYPE MO DA YR		34. CORRECTION CANCELLATION DATA TYPE MO DA YR		35. SECURITY REQ. NO 00000	
36. VET PREFERENCE CODE 0-NO 1-5 YR 2-10 YR		37. SERV COMP DATE MO DA YR 1 1 64		38. LONG COMP DATE MO DA YR 1 1 64		39. CAREER CATEGORY CODE P		40. FEEL HEALTH INSURANCE CODE 0-NO 1-YES		41. SPECIAL SECURITY NO	
42. PREVIOUS GOVERNMENT SERVICE DATA CODE 1				43. LEAVE CAT CODE 1-YES 2-NO		44. FEDERAL TAX DATA CODE 0		45. STATE TAX DATA CODE 0		46. SPECIAL SECURITY NO	
47. POSITION CONTROL CERTIFICATION 1 27/64						48. OP APPROVAL George H. Bennett 13 APR 64				DATE APPROVED 13 APR 64	

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING  
AND DECLASSIFICATION

SECRET

18 Nov 1964

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 027630		2. NAME (Last, First, Middle) Hidalgo, B. J.		3. DATE PREPARED 9 April 1964	
3. NATURE OF PERSONNEL ACTION Rtd. Trans. MCA		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 01 64		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V I C TO C		7. COST CENTER NO. CHARGE 4132-2031-100		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS 40 4 DOP/Credial Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section		10. LOCATION OF OFFICIAL STATION JMWAVE			
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 003		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE / GS, EB, etc. GS		15. OCCUPATIONAL SERIES 0135.01		16. GRADE AND STEP 12 (1)	
17. SALARY OR RATE \$ 0000		18. REMARKS  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Reviewed by LORD [Signature]</div>  1 by Security 1 by Payroll			
19. SIGNATURE OF REQUESTING OFFICIAL [Signature]		DATE SIGNED 9 April 64		100. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
DATE SIGNED 12 April 64					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. HQS CODE
25. DATE OF BIRTH MO DA YR 05 07 19	26. DATE OF GRADE MO DA YR	27. DATE OF LEL MO DA YR	28. DATE OF LEL MO DA YR		
29. NTE EXPIRES MO DA YR	30. SPECIAL REFERENCE 1-CSE 2-FTEA 3-NONE	31. RETIREMENT DATA CODE	32. SEPARATION DATA CODE	33. CORRECTION CANCELLATION DATA TYPE MO DA YR	34. SECURITY REQ NO
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR RES PROF TEMP	39. FEGLI HEALTH INSURANCE CODE CODE 0-BB RLB 1-RES	40. SOCIAL SECURITY NO
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-BEFORE IN SERVICE 2-BEFORE IN SERVICE (10 YEARS OR MORE) 3-BEFORE IN SERVICE (MORE THAN 10 YEARS)	42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO	44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO	45. POSITION CONTROL CERTIFICATION [Signature] 12/27/64	
DATE APPROVED [Signature]				DATE APPROVED [Signature]	

FORM 1152 USE PREVIOUS EDITION

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
HIDALGO, BALMES N.	self	60-264
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>30 May 1960</u>. Broken left foot.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF REPRESENTATIVE	
	<i>B. De Felice</i>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 0765						2. NAME (Last, First, Middle) [REDACTED]	
3. NATURE OF PERSONNEL ACTION EXCITED APPOINTMENT						4. EFFECTIVE DATE REQUESTED 04/28/63	
5. CATEGORY OF EMPLOYMENT REGULAR						6. LEGAL AUTHORITY (Completed by Office of Personnel)	
7. FUNDS [REDACTED]		8. TO V [REDACTED]		9. TO CF [REDACTED]		10. COST CENTER NO. CHARGE 3132-2001-1000	
11. ORGANIZATIONAL DESIGNATIONS DDP/Special Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section						12. LOCATION OF OFFICIAL STATION JMWAVE	
13. POSITION TITLE OPS OFFICER						14. POSITION NUMBER 0732	
15. CLASSIFICATION SCHEDULE (GS, LP, etc.) GS						16. OCCUPATIONAL SERIES 0136.01	
17. GRADE AND STEP 11 (4)						18. SALARY OR RATE \$ 8840	
19. REMARKS  P - 359  1 ex Security  Recorded by CSPD  18 Apr 63							
19a. SIGNATURE OF REQUESTING OFFICER Louis W. Armstrong, C/SAS/Ref.				DATE SIGNED 18 Apr 63		19b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [REDACTED]	
DATE SIGNED 11-4-63							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. DATE ON 13/10		21. OFFICE USE NO. 61779 SAS		22. DATE ON 9/4/63		23. DATE OF 1st 2	
24. DATE OF 2nd 25/27/63		25. DATE OF 3rd 27/17/58		26. DATE OF 4th 27/17/58		27. DATE OF 5th 27/17/58	
28. DATE OF 6th 27/17/58		29. DATE OF 7th 27/17/58		30. DATE OF 8th 27/17/58		31. DATE OF 9th 27/17/58	
32. DATE OF 10th 27/17/58		33. DATE OF 11th 27/17/58		34. DATE OF 12th 27/17/58		35. DATE OF 13th 27/17/58	
36. DATE OF 14th 27/17/58		37. DATE OF 15th 27/17/58		38. DATE OF 16th 27/17/58		39. DATE OF 17th 27/17/58	
40. DATE OF 18th 27/17/58		41. DATE OF 19th 27/17/58		42. DATE OF 20th 27/17/58		43. DATE OF 21st 27/17/58	
44. DATE OF 22nd 27/17/58		45. DATE OF 23rd 27/17/58		46. DATE OF 24th 27/17/58		47. DATE OF 25th 27/17/58	
48. DATE OF 26th 27/17/58		49. DATE OF 27th 27/17/58		50. DATE OF 28th 27/17/58		51. DATE OF 29th 27/17/58	
52. DATE OF 30th 27/17/58		53. DATE OF 31st 27/17/58		54. DATE OF 32nd 27/17/58		55. DATE OF 33rd 27/17/58	
56. DATE OF 34th 27/17/58		57. DATE OF 35th 27/17/58		58. DATE OF 36th 27/17/58		59. DATE OF 37th 27/17/58	
60. DATE OF 38th 27/17/58		61. DATE OF 39th 27/17/58		62. DATE OF 40th 27/17/58		63. DATE OF 41st 27/17/58	
64. DATE OF 42nd 27/17/58		65. DATE OF 43rd 27/17/58		66. DATE OF 44th 27/17/58		67. DATE OF 45th 27/17/58	
68. DATE OF 46th 27/17/58		69. DATE OF 47th 27/17/58		70. DATE OF 48th 27/17/58		71. DATE OF 49th 27/17/58	
72. DATE OF 50th 27/17/58		73. DATE OF 51st 27/17/58		74. DATE OF 52nd 27/17/58		75. DATE OF 53rd 27/17/58	
76. DATE OF 54th 27/17/58		77. DATE OF 55th 27/17/58		78. DATE OF 56th 27/17/58		79. DATE OF 57th 27/17/58	
80. DATE OF 58th 27/17/58		81. DATE OF 59th 27/17/58		82. DATE OF 60th 27/17/58		83. DATE OF 61st 27/17/58	
84. DATE OF 62nd 27/17/58		85. DATE OF 63rd 27/17/58		86. DATE OF 64th 27/17/58		87. DATE OF 65th 27/17/58	
88. DATE OF 66th 27/17/58		89. DATE OF 67th 27/17/58		90. DATE OF 68th 27/17/58		91. DATE OF 69th 27/17/58	
92. DATE OF 70th 27/17/58		93. DATE OF 71st 27/17/58		94. DATE OF 72nd 27/17/58		95. DATE OF 73rd 27/17/58	
96. DATE OF 74th 27/17/58		97. DATE OF 75th 27/17/58		98. DATE OF 76th 27/17/58		99. DATE OF 77th 27/17/58	
100. DATE OF 78th 27/17/58		101. DATE OF 79th 27/17/58		102. DATE OF 80th 27/17/58		103. DATE OF 81st 27/17/58	
104. DATE OF 82nd 27/17/58		105. DATE OF 83rd 27/17/58		106. DATE OF 84th 27/17/58		107. DATE OF 85th 27/17/58	
108. DATE OF 86th 27/17/58		109. DATE OF 87th 27/17/58		110. DATE OF 88th 27/17/58		111. DATE OF 89th 27/17/58	
112. DATE OF 90th 27/17/58		113. DATE OF 91st 27/17/58		114. DATE OF 92nd 27/17/58		115. DATE OF 93rd 27/17/58	
116. DATE OF 94th 27/17/58		117. DATE OF 95th 27/17/58		118. DATE OF 96th 27/17/58		119. DATE OF 97th 27/17/58	
120. DATE OF 98th 27/17/58		121. DATE OF 99th 27/17/58		122. DATE OF 100th 27/17/58		123. DATE OF 101st 27/17/58	
124. DATE OF 102nd 27/17/58		125. DATE OF 103rd 27/17/58		126. DATE OF 104th 27/17/58		127. DATE OF 105th 27/17/58	
128. DATE OF 106th 27/17/58		129. DATE OF 107th 27/17/58		130. DATE OF 108th 27/17/58		131. DATE OF 109th 27/17/58	
132. DATE OF 110th 27/17/58		133. DATE OF 111th 27/17/58		134. DATE OF 112th 27/17/58		135. DATE OF 113th 27/17/58	
136. DATE OF 114th 27/17/58		137. DATE OF 115th 27/17/58		138. DATE OF 116th 27/17/58		139. DATE OF 117th 27/17/58	
140. DATE OF 118th 27/17/58		141. DATE OF 119th 27/17/58		142. DATE OF 120th 27/17/58		143. DATE OF 121st 27/17/58	
144. DATE OF 122nd 27/17/58		145. DATE OF 123rd 27/17/58		146. DATE OF 124th 27/17/58		147. DATE OF 125th 27/17/58	
148. DATE OF 126th 27/17/58		149. DATE OF 127th 27/17/58		150. DATE OF 128th 27/17/58		151. DATE OF 129th 27/17/58	
152. DATE OF 130th 27/17/58		153. DATE OF 131st 27/17/58		154. DATE OF 132nd 27/17/58		155. DATE OF 133rd 27/17/58	
156. DATE OF 134th 27/17/58		157. DATE OF 135th 27/17/58		158. DATE OF 136th 27/17/58		159. DATE OF 137th 27/17/58	
160. DATE OF 138th 27/17/58		161. DATE OF 139th 27/17/58		162. DATE OF 140th 27/17/58		163. DATE OF 141st 27/17/58	
164. DATE OF 142nd 27/17/58		165. DATE OF 143rd 27/17/58		166. DATE OF 144th 27/17/58		167. DATE OF 145th 27/17/58	
168. DATE OF 146th 27/17/58		169. DATE OF 147th 27/17/58		170. DATE OF 148th 27/17/58		171. DATE OF 149th 27/17/58	
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184. DATE OF 162nd 27/17/58		185. DATE OF 163rd 27/17/58		186. DATE OF 164th 27/17/58		187. DATE OF 165th 27/17/58	
188. DATE OF 166th 27/17/58		189. DATE OF 167th 27/17/58		190. DATE OF 168th 27/17/58		191. DATE OF 169th 27/17/58	
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204. DATE OF 182nd 27/17/58		205. DATE OF 183rd 27/17/58		206. DATE OF 184th 27/17/58		207. DATE OF 185th 27/17/58	
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212. DATE OF 190th 27/17/58		213. DATE OF 191st 27/17/58		214. DATE OF 192nd 27/17/58		215. DATE OF 193rd 27/17/58	
216. DATE OF 194th 27/17/58		217. DATE OF 195th 27/17/58		218. DATE OF 196th 27/17/58		219. DATE OF 197th 27/17/58	
220. DATE OF 198th 27/17/58		221. DATE OF 199th 27/17/58		222. DATE OF 200th 27/17/58		223. DATE OF 201st 27/17/58	
224. DATE OF 202nd 27/17/58		225. DATE OF 203rd 27/17/58		226. DATE OF 204th 27/17/58		227. DATE OF 205th 27/17/58	
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240. DATE OF 218th 27/17/58		241. DATE OF 219th 27/17/58		242. DATE OF 220th 27/17/58		243. DATE OF 221st 27/17/58	
244. DATE OF 222nd 27/17/58		245. DATE OF 223rd 27/17/58		246. DATE OF 224th 27/17/58		247. DATE OF 225th 27/17/58	
248. DATE OF 226th 27/17/58		249. DATE OF 227th 27/17/58		250. DATE OF 228th 27/17/58		251. DATE OF 229th 27/17/58	
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256. DATE OF 234th 27/17/58		257. DATE OF 235th 27/17/58		258. DATE OF 236th 27/17/58		259. DATE OF 237th 27/17/58	
260. DATE OF 238th 27/17/58		261. DATE OF 239th 27/17/58		262. DATE OF 240th 27/17/58		263. DATE OF 241st 27/17/58	
264. DATE OF 242nd 27/17/58		265. DATE OF 243rd 27/17/58		266. DATE OF 244th 27/17/58		267. DATE OF 245th 27/17/58	
268. DATE OF 246th 27/17/58		269. DATE OF 247th 27/17/58		270. DATE OF 248th 27/17/58		271. DATE OF 249th 27/17/58	
272. DATE OF 250th 27/17/58		273. DATE OF 251st 27/17/58		274. DATE OF 252nd 27/17/58		275. DATE OF 253rd 27/17/58	
276. DATE OF 254th 27/17/58		277. DATE OF 255th 27/17/58		278. DATE OF 256th 27/17/58		279. DATE OF 257th 27/17/58	
280. DATE OF 258th 27/17/58		281. DATE OF 259th 27/17/58		282. DATE OF 260th 27/17/58		283. DATE OF 261st 27/17/58	
284. DATE OF 262nd 27/17/58		285. DATE OF 263rd 27/17/58		286. DATE OF 264th 27/17/58		287. DATE OF 265th 27/17/58	
288. DATE OF 266th 27/17/58		289. DATE OF 267th 27/17/58		290. DATE OF 268th 27/17/58		291. DATE OF 269th 27/17/58	
292. DATE OF 270th 27/17/58		293. DATE OF 271st 27/17/58		294. DATE OF 272nd 27/17/58		295. DATE OF 273rd 27/17/58	
296. DATE OF 274th 27/17/58		297. DATE OF 275th 27/17/58		298. DATE OF 276th 27/17/58		299. DATE OF 277th 27/17/58	
300. DATE OF 278th 27/17/58		301. DATE OF 279th 27/17/58		302. DATE OF 280th 27/17/58		303. DATE OF 281st 27/17/58	
304. DATE OF 282nd 27/17/58		305. DATE OF 283rd 27/17/58		306. DATE OF 284th 27/17/58		307. DATE OF 285th 27/17/58	
308. DATE OF 286th 27/17/58		309. DATE OF 287th 27/17/58		310. DATE OF 288th 27/17/58		311. DATE OF 289th 27/17/58	
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324. DATE OF 302nd 27/17/58		325. DATE OF 303rd 27/17/58		326. DATE OF 304th 27/17/58		327. DATE OF 305th 27/17/58	
328. DATE OF 306th 27/17/58		329. DATE OF 307th 27/17/58		330. DATE OF 308th 27/17/58		331. DATE OF 309th 27/17/58	
332. DATE OF 310th 27/17/58		333. DATE OF 311th 27/17/58		334. DATE OF 312th 27/17/58		335. DATE OF 313th 27/17/58	
336. DATE OF 314th 27/17/58		337. DATE OF 315th 27/17/58		338. DATE OF 316th 27/17/58		339. DATE OF 317th 27/17/58	
340. DATE OF 318th 27/17/58		341. DATE OF 319th 27/17/58		342. DATE OF 320th 27/17/58		343. DATE OF 321st 27/17/58	
344. DATE OF 322nd 27/17/58		345. DATE OF 323rd 27/17/58		346. DATE OF 324th 27/17/58		347. DATE OF 325th 27/17/58	
348. DATE OF 326th 27/17/58		349. DATE OF 327th 27/17/58		350. DATE OF 328th 27/17/58		351. DATE OF 329th 27/17/58	
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356. DATE OF 334th 27/17/58		357. DATE OF 335th 27/17/58		358. DATE OF 336th 27/17/58		359. DATE OF 337th 27/17/58	
360. DATE OF 338th 27/17/58		361. DATE OF 339th 27/17/58		362. DATE OF 340th 27/17/58		363. DATE OF 341st 27/17/58	
364. DATE OF 342nd 27/17/58		365. DATE OF 343rd 27/17/58		366. DATE OF 344th 27/17/58		367. DATE OF 345th 27/17/58	
368. DATE OF 346th 27/17/58		369. DATE OF 347th 27/17/58		370. DATE OF 348th 27/17/58		371. DATE OF 349th 27/17/58	
372. DATE OF 350th 27/17/58		373. DATE OF 351st 27/17/58		374. DATE OF 352nd 27/17/58		375. DATE OF 353rd 27/17/58	
376. DATE OF 354th 27/17/58		377. DATE OF 355th 27/17/58		378. DATE OF 356th 27/17/58		379. DATE OF 357th 27/17/58	
380. DATE OF 358th 27/17/58		381. DATE OF 359th 27/17/58		382. DATE OF 360th 27/17/58		383. DATE OF 361st 27/17/58	
384. DATE OF 362nd 27/17/58		385. DATE OF 363rd 27/17/58		386. DATE OF 364th 27/17/58		387. DATE OF 365th 27/17/58	
388. DATE OF 366th 27/17/58		389.					

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>				DATE PREPARED <b>18 April 1963</b>	
1. SERIAL NUMBER <b>027630</b>		2. NAME (Last-First-Middle) <b>HILLMAN, Robert N., Jr.</b>			
3. NATURE OF PERSONNEL ACTION <b>RESIGNATION</b>			4. EFFECTIVE DATE REQUESTED MONTH <b>04</b> DAY <b>27</b> YEAR <b>63</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>
6. FUNDS <div style="display: inline-block; width: 20px; height: 20px; background-color: black; vertical-align: middle;"></div> <input checked="" type="checkbox"/> V TO V		<input type="checkbox"/> V TO CF		7. COST CENTER NO. CHARGEABLE <b>1032-1000-1000</b>	
<input type="checkbox"/> CF TO V		<input type="checkbox"/> CF TO CF		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS <b>DDP Special Affairs Staff FI/CI Branch</b>			10. LOCATION OF OFFICIAL STATION  <b>Washington, D.C.</b>		
11. POSITION TITLE <b>OPS OFFICER</b>			12. POSITION NUMBER <b>0682</b>		13. CAREER SERVICE DESIGNATION <b>D</b>
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) <b>GS</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>11 (4)</b>	
17. SALARY OR RATE <b>\$ 8640</b>					
18. REMARKS <div style="text-align: right; margin-top: 50px;"><div style="border: 1px solid black; padding: 5px; display: inline-block;">Recorded by CSPD <i>[Signature]</i></div></div>					
19. SIGNATURE OF REQUESTING OFFICER <b>Louis W. Armstrong, JAS</b>					
DATE SIGNED <b>18 Apr 63</b>		19A. SIGNATURE OF CAREER SERVICE APPROVING <b>[Signature]</b>			
DATE SIGNED <b>18 Apr 63</b>					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
20. ACTION CODE <b>45</b>	21. EMPLOY CODE <b>10</b>	22. OFFICE CODE NO. NUMERIC ALPHABETIC	23. STEP IN CODE	24. RATE CODE	25. RATE OF PAY ML DA HA
26. DATE EXP. RES.	27. SPECIAL REFERENCE	28. RET. SEPAR. DATE	29. SEPARATION DATA CODE	30. SEPARATION AND LAYOFF DATA	31. SEPAR. REASON NO.
32. VET. PREFERENCE	33. SER. COMP. DATE	34. JUNK. COMP. DATE	35. CAREER CATEGORY	36. REG. / HEALTH ALLOCATION	37. OTHER DATA
38. PREVIOUS GOVERNMENT SERVICE DATA	39. PREVIOUS DATA	40. PREVIOUS DATA	41. PREVIOUS DATA	42. PREVIOUS DATA	43. PREVIOUS DATA
44. POSITION CONTROL CERTIFICATION <b>[Signature]</b>			45. D.P. APPROVAL <b>[Signature]</b>		
DATE APPROVED <b>14 Apr 63</b>					

FORM 1152 OBSOLETE PREVIOUS EDITIONS  
2-62 AND FORM 1152A

**SECRET**

GROUP 1  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

143

RZR: 25 APR 63

NOTIFICATION OF PERSONNEL ACTION							
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
027630		HIDALGO B N JR					
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RESIGNATION				04 27 63		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X		3232 1000 1000					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER				0682		D	
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0136.01		11 4		8840	
18. REMARKS							
SIGNATURE OR OTHER AUTHENTICATION							

**SECRET**

REQUEST FOR PERSONNEL ACTION						DATE PREPARED																	
1. SERIAL NUMBER		NAME (Last, First, Middle)				11 December 1963																	
027630																							
2. NATURE OF PERSONNEL ACTION				3. EFFECTIVE DATE REQUESTED		4. CATEGORY OF EMPLOYMENT																	
PROMOTION				MONTH DAY YEAR 12 21 63		REGULAR																	
5. FUNDS		6. TO-TO		7. COST CENTER NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)																	
CF TO V		X CF TO CP		4132-2001-1000																			
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION																			
DEP Special Affairs Staff U. S. Field Forward Operations Station - JMWAVE CI Section				JMWAVE																			
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION																	
OPS OFFICER (D)				0731		D																	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE																	
GS (87)		0136.01		12 (1)		9475																	
18. REMARKS																							
<div style="text-align: right;">RECEIVED &amp; BY CSPD 12/21/63</div>																							
19A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER																	
CRVILLE G. HAWSON, C/SAS Pers.				12/11/63		[Signature]																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																							
<table border="1"><thead><tr><th>19. ACTUAL CODE</th><th>20. EMPLOY CODE</th><th>21. OFFICE CODE</th><th>22. STATION CODE</th><th>23. OFFICIAL CODE</th><th>24. DATE OF BIRTH</th><th>25. DATE OF DEATH</th><th>26. DATE OF ENTRY INTO SERVICE</th></tr></thead><tbody><tr><td>22</td><td>10</td><td>49770</td><td>545</td><td>00000</td><td>2</td><td>12/21/63</td><td>12/21/63</td></tr></tbody></table> <div style="text-align: center;"><b>EOD DATA</b> →</div>								19. ACTUAL CODE	20. EMPLOY CODE	21. OFFICE CODE	22. STATION CODE	23. OFFICIAL CODE	24. DATE OF BIRTH	25. DATE OF DEATH	26. DATE OF ENTRY INTO SERVICE	22	10	49770	545	00000	2	12/21/63	12/21/63
19. ACTUAL CODE	20. EMPLOY CODE	21. OFFICE CODE	22. STATION CODE	23. OFFICIAL CODE	24. DATE OF BIRTH	25. DATE OF DEATH	26. DATE OF ENTRY INTO SERVICE																
22	10	49770	545	00000	2	12/21/63	12/21/63																
<table border="1"><thead><tr><th>27. RET. PREFERENCE</th><th>28. SERV. COMP. DATA</th><th>29. LONG TERM DATA</th><th>30. CAREER CATEGORY</th><th>31. FEEL / INC. DATA</th><th>32. SER. R. OF. DATA</th></tr></thead><tbody><tr><td>CDDI 1 = NONE 2 = 10 yr. 3 = 15 yr.</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>								27. RET. PREFERENCE	28. SERV. COMP. DATA	29. LONG TERM DATA	30. CAREER CATEGORY	31. FEEL / INC. DATA	32. SER. R. OF. DATA	CDDI 1 = NONE 2 = 10 yr. 3 = 15 yr.									
27. RET. PREFERENCE	28. SERV. COMP. DATA	29. LONG TERM DATA	30. CAREER CATEGORY	31. FEEL / INC. DATA	32. SER. R. OF. DATA																		
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<table border="1"><thead><tr><th>33. PREVIOUS GOVERNMENT SERVICE DATA</th><th>34. MILITARY DATA</th><th>35. CIVILIAN DATA</th><th>36. DATA AS DATA</th></tr></thead><tbody><tr><td>1 = NO PREVIOUS SERVICE 2 = NO DATA IN SERVICE 3 = MORE THAN 10 YEARS 4 = MORE THAN 10 YEARS OF WHICH MORE THAN 5 YEARS</td><td></td><td></td><td></td></tr></tbody></table>								33. PREVIOUS GOVERNMENT SERVICE DATA	34. MILITARY DATA	35. CIVILIAN DATA	36. DATA AS DATA	1 = NO PREVIOUS SERVICE 2 = NO DATA IN SERVICE 3 = MORE THAN 10 YEARS 4 = MORE THAN 10 YEARS OF WHICH MORE THAN 5 YEARS											
33. PREVIOUS GOVERNMENT SERVICE DATA	34. MILITARY DATA	35. CIVILIAN DATA	36. DATA AS DATA																				
1 = NO PREVIOUS SERVICE 2 = NO DATA IN SERVICE 3 = MORE THAN 10 YEARS 4 = MORE THAN 10 YEARS OF WHICH MORE THAN 5 YEARS																							
40. POSITION CONTROL CERTIFICATION				41. D.P. APPROVAL		42. DATE APPROVED																	
[Signature]				[Signature] Regan		12/21/63																	

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED		
1. SERIAL NUMBER 027630		2. NAME (Last-First-Middle) EDWARD ALLEN, JR.					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH 11 DAY 20 YEAR 1962		5. CATEGORY OF EMPLOYMENT REGULAR		
6. FUNDS Y TO V CP TO V		7. COST CENTER NO. CHARGEABLE 23351 (M-2) 00		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP Task Force W PC-CI Branch			10. LOCATION OF OFFICIAL STATION Washington, D.C.				
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 002		13. CAREER SERVICE DESIGNATION J			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0000		16. GRADE AND STEP 11 04		17. SALARY OR RATE \$7200	
18. REMARKS From: DDP/AF/Platoon St., 7th Co., 1st Bn., 1st Regt. 1st Div. Tracy CO. OF BRANCH: Sgt. B. J. B. [Signature] Philip C. [Signature], AF/Per. Off. 6/11/62							
19. SIGNATURE OF REQUESTING OFFICIAL [Signature]			DATE SIGNED 6/7/62		20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]		
21. DATE SIGNED							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
22. ACTION CODE 37		23. EMPLOY CODE 10		24. OFFICE CODING 61300 TFW		25. STATION CODE	
26. DATE OF BIRTH 1 5 12 7 1 9		27. DATE OF GRADE		28. DATE OF LEI		29. DATE OF LEI	
30. RETIREMENT DATA 1 - CSC 2 - FICA 3 - NONE		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ. NO.	
34. VET. PREFERENCE 1 - NONE 2 - 5 PT 3 - 10 PT		35. SERV. COMP. DATE		36. LONG. COMP. DATE		37. CAREER CATEGORY	
38. REQ. / HEALTH INSURANCE 1 - YES 2 - NO		39. SOCIAL SECURITY NO.		40. STATE TAX DATA		41. STATE TAX DATA	
42. PREVIOUS GOVERNMENT SERVICE DATA 1 - NO PREVIOUS SERVICE 2 - NO BREAK IN SERVICE 3 - BREAK IN SERVICE (LESS THAN 3 YRS) 4 - BREAK IN SERVICE (MORE THAN 3 YRS)		43. LEAVE CAT. CODE		44. STODER, TAX DATA		45. STATE TAX DATA	
46. POSITION CONTROL CERTIFICATION 3. Kearney 11/19/62		47. O.P. APPROVAL [Signature]		48. DATE APPROVED		49. DATE APPROVED	



**SECRET**  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)				4. EFFECTIVE DATE REQUESTED	
027630		HIDALGO, JAMES H. JR.				1 17 1962	
3. NATURE OF PERSONNEL ACTION						5. CATEGORY OF EMPLOYMENT	
REASSIGNMENT						REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. OFFICIAL AUTHORITY (Completed by Office of Personnel)			
X		2235 1000 1000					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION	
DDP WH SECTION A PLANS & OPERATIONS STAFF						WASHINGTON, D. C.	
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
OPS OFFICER				SA-641		D	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE	
GS		0136.01		11 3		\$6,080	
18. REMARKS							
FROM: DDP/WH/-/FI-SI/#681							
18a. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18b. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
[Signature] Personnel						[Signature]	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE	20. EMPLOY CODE	21. OFFER CODING	22. STATION CODE	23. INT. DATE CODE	24. DATE OF RET.	25. DATE OF DEATH	26. DATE OF LIA.
27	C	NUMERIC ALPHABETIC			1 05 127 19		
28. RATE EXPIRES	29. SPECIAL REFERENCE	30. RET. REMIT DATA	31. SEPARATION CODE	32. DATE OF SEPARATION	33. SECURITY REQ. NO.	34. SER.	
		1 = 100 2 = 100 3 = 100 4 = 100					
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. MIL. SERV. DATE	39. REG. / HER. INS. DATA	40. SOCIAL SECURITY NO.		
CODE	MO. DA. YR.	MO. DA. YR.	1 = YES 2 = NO	1 = YES 2 = NO			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. STATE CODE	43. FEDERAL TAX DATA	44. STATE TAX DATA				
CODE	1 = NO PREVIOUS SERVICE 2 = NO BREAK IN SERVICE 3 = BREAK IN SERVICE LESS THAN 12 MO. 4 = BREAK IN SERVICE MORE THAN 12 MO.	1 = YES 2 = NO	1 = YES 2 = NO				
45. POSITION CONTROL CERTIFICATION				46. J.P. APPROVAL		DATE APPROVED	
[Signature]				[Signature]			

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED																																	
1. SERIAL NUMBER <b>027630</b>						2. NAME (Last-First-Middle) <b>HIDALGO, B. N., Jr.</b>																																	
3. NATURE OF PERSONNEL ACTION <b>REASSIGNMENT (And Transfer to Vouchered Funds)</b>				4. EFFECTIVE DATE REQUESTED MONTH <b>08</b> DAY <b>20</b> YEAR <b>61</b>		5. CATEGORY OF EMPLOYMENT <b>REGULAR</b>																																	
6. FUND <b>X</b>		7. COST CENTER NO. CHARGEABLE <b>2635-5000-8021</b>		8. LEGAL AUTHORITY (Completed by Office of Personnel)																																			
9. ORGANIZATIONAL DESIGNATIONS <b>DDP/WH <del>DDP</del> Branch 4 FI-CI Sec.</b>				10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>																																			
11. POSITION TITLE <b>OPS OFFICER (D)</b>				12. POSITION NUMBER <b>0681</b>		13. CAREER SERVICE DESIGNATION <b>D</b>																																	
14. CLASSIFICATION SCHEDULE (GS, LP, etc.) <b>GS (12)</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>11 (3)</b>		17. SALARY OR RATE <b>\$ 8,080</b>																																	
18. REMARKS <b>From: DDP/WH, Br. 4, #0626</b>																																							
19. SIGNATURE OF REQUESTER <b>[Signature]</b>				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <b>[Signature]</b>																																			
SIGN BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL <table border="1"> <tr> <td>21. ACTION CODE <b>16</b></td> <td>22. EMPLOY CODE <b>10</b></td> <td>23. ACTION CODE <b>60450</b></td> <td>24. ACTION CODE <b>04</b></td> <td>25. ACTION CODE <b>70013</b></td> <td>26. ACTION CODE <b>1</b></td> <td>27. DATE OF ACTION <b>05/27/19</b></td> <td>28. DATE OF LEI MO. DA. YR.</td> </tr> <tr> <td>29. DATE OF REP. SET MO. DA. YR.</td> <td>30. DATE OF REP. SET MO. DA. YR.</td> <td>31. DATE OF REP. SET MO. DA. YR.</td> <td>32. DATE OF REP. SET MO. DA. YR.</td> <td>33. DATE OF REP. SET MO. DA. YR.</td> <td>34. DATE OF REP. SET MO. DA. YR.</td> <td>35. DATE OF REP. SET MO. DA. YR.</td> <td>36. DATE OF REP. SET MO. DA. YR.</td> </tr> <tr> <td>37. DATE OF REP. SET MO. DA. YR.</td> <td>38. DATE OF REP. SET MO. DA. YR.</td> <td>39. DATE OF REP. SET MO. DA. YR.</td> <td>40. DATE OF REP. SET MO. DA. YR.</td> <td>41. DATE OF REP. SET MO. DA. YR.</td> <td>42. DATE OF REP. SET MO. DA. YR.</td> <td>43. DATE OF REP. SET MO. DA. YR.</td> <td>44. DATE OF REP. SET MO. DA. YR.</td> </tr> <tr> <td>45. DATE OF REP. SET MO. DA. YR.</td> <td>46. DATE OF REP. SET MO. DA. YR.</td> <td>47. DATE OF REP. SET MO. DA. YR.</td> <td>48. DATE OF REP. SET MO. DA. YR.</td> <td>49. DATE OF REP. SET MO. DA. YR.</td> <td>50. DATE OF REP. SET MO. DA. YR.</td> <td>51. DATE OF REP. SET MO. DA. YR.</td> <td>52. DATE OF REP. SET MO. DA. YR.</td> </tr> </table>								21. ACTION CODE <b>16</b>	22. EMPLOY CODE <b>10</b>	23. ACTION CODE <b>60450</b>	24. ACTION CODE <b>04</b>	25. ACTION CODE <b>70013</b>	26. ACTION CODE <b>1</b>	27. DATE OF ACTION <b>05/27/19</b>	28. DATE OF LEI MO. DA. YR.	29. DATE OF REP. SET MO. DA. YR.	30. DATE OF REP. SET MO. DA. YR.	31. DATE OF REP. SET MO. DA. YR.	32. DATE OF REP. SET MO. DA. YR.	33. DATE OF REP. SET MO. DA. YR.	34. DATE OF REP. SET MO. DA. YR.	35. DATE OF REP. SET MO. DA. YR.	36. DATE OF REP. SET MO. DA. YR.	37. DATE OF REP. SET MO. DA. YR.	38. DATE OF REP. SET MO. DA. YR.	39. DATE OF REP. SET MO. DA. YR.	40. DATE OF REP. SET MO. DA. YR.	41. DATE OF REP. SET MO. DA. YR.	42. DATE OF REP. SET MO. DA. YR.	43. DATE OF REP. SET MO. DA. YR.	44. DATE OF REP. SET MO. DA. YR.	45. DATE OF REP. SET MO. DA. YR.	46. DATE OF REP. SET MO. DA. YR.	47. DATE OF REP. SET MO. DA. YR.	48. DATE OF REP. SET MO. DA. YR.	49. DATE OF REP. SET MO. DA. YR.	50. DATE OF REP. SET MO. DA. YR.	51. DATE OF REP. SET MO. DA. YR.	52. DATE OF REP. SET MO. DA. YR.
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45. POSITION CONTROL CERTIFICATION <b>[Signature]</b>				46. O.P. APPROVAL <b>[Signature]</b>																																			

FORM 1152 OBSOLETE PREVIOUS EDITIONS AND FORM 1152A

SECRET

(4)

**SECRET**  
**REQUEST FOR PERSONNEL ACTION**

1. Serial No.	2. Name (Last-First-Middle)	3. Date Of Birth	4. Vol. Pref.	5. Sex	6. CS-FOU
	HIDALGO, BALTES H., JR.	Mo. Da. Yr. 05 27 19	Non-1 5 Pr. 1 10 Pr. 2	M	Pr. Da. Yr.
7. SCD	8. CSC Reim.	9. CSC Or Other Legal Authority	10. Appt. Affidav.	11. FEGLI: 19	13. <sup>19</sup> <sub>19</sub> <sup>19</sup> <sub>19</sub>
Mo. Da. Yr.	Yes-1 No-2	Code	Mo. Da. Yr.	Yes-1 No-2	Code

**2**  
**PREVIOUS ASSIGNMENT**

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
DIS/OTR OPERATIONS SCHOOL COVERT TRAINING		WASH., D. C.	
16. Dept. - Field	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
Dept. - USStd - Frgn -	INSTRUCTOR OPERATIONS	1014	GS 1711.50
21. Grade & Step	22. Salary Or Rate	23. SD	24. Date Of Grade
11 2	\$ 7270	D	Mo. Da. Yr. 03 17 58
25. PSI Due	26. Appropriation Number		
Mo. Da. Yr. 03 17 61	0175-2533		

**ACTION**

27. Nature Of Action	Code	28. EH. Date	29. Type Of Employee	Code: 30. Separation Data
REASSIGNMENT	17	Mo. Da. Yr. 06 12 60	REGULAR	17

**3A**  
**PRESENT ASSIGNMENT**

31. Organizational Designations	Code	32. Location Of Official Station	Station Code
DDP WH BRANCH 4	367	WASH., D. C.	
33. Dept. - Field	34. Position Title	35. Position No.	36. Serv. 37. Occup. Series
Dept. - USStd - Frgn -	QPS OFFICER	BA-626	GS 0136.01
38. Grade & Step	39. Salary Or Rate	40. SD	41. Date Of Grade
11 2	\$ 7270	D	Mo. Da. Yr.
42. PSI Due	43. Appropriation Number		
Mo. Da. Yr.	0135 1000 1000		

**SOURCE OF REQUEST**

A. <sup>(a)</sup> Request Approved By (Signature And Title)	C. Request Approved By (Signature And Title)
WH/PERSONNEL OFFICER	17 June 60
B. For Additional Information Call (Name & Telephone Ex.)	
8242	PERSONNEL OFFICER

**CLEARANCES**

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	W. K. K. K.	6-21-60	D. Placement		
B. Pos. Control	W. K. K. K.	6-23-60	E.		
C. Classification			F. Approved By	W. K. K. K.	6-23-60

Remarks

2 copies to Security. 1 Loss Notice.

**SECRET**  
(When Filled In)

DATE PREPARED Mo Da Yr 5 20 59			<b>REQUEST FOR PERSONNEL ACTION</b>				V. to V XX		V. to UV	
1. Serial No.			2. Name (Last-First-Middle) HIDALGO, Balmea N., Jr.				3. Date of Birth Mo Da Yr 5 27 19		4. Var. Pref. None-0 SP-1 10 Pr-2	
5. Sex M			6. CS - EOD				UV to V		UV to UV	
7. SCD Mo Da Yr No. 1 Code			8. CSC Reim. Yes-1 No-2				9. CSC Or Other Legal Authority			
10. Appt. Affidav. Mo Da Yr Yes-1 No-2			11. FEGLI Mo Da Yr Yes-1 No-2				12. LCD Mo Da Yr Yes-1 No-2			
13. MIL. SERV. Mo Da Yr Yes-1 No-2			14. CREDIT LCB Mo Da Yr Yes-1 No-2							

**PREVIOUS ASSIGNMENT**

14. Organizational Designations DDP/WH Branch III Central America Section			Code		15. Location Of Official Station Washington, D. C.			Station Code			
16. Dept.-Field Dept. Valid. Fragn. D		17. Position Title Area Ops Officer			18. Position No. 0486		19. Serv. GS		20. Occup. Series 0136.01		
21. Grade & Step 11 1		22. Salary Or Rate \$ 7,030		23. SD D		24. Date Of Grade Mo Da Yr 03 17 58		25. PSI Due Mo Da Yr 09 10 59		26. Appropriation Number 8-3500-20	

**ACTION**

27. Nature Of Action Reassignment + Transfer to Confidential Funds		Code		28. Eff. Date Mo Da Yr 06 14 59		29. Type Of Employee Regular		Code		30. Separation Date	
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**PRESENT ASSIGNMENT**

31. Organizational Designations DDS/OTR Operations School Covert Training			Code 1172		32. Location Of Official Station Washington, D. C.			Station Code 75C03			
33. Dept.-Field Dept. Valid. Fragn. D		34. Position Title Instructor Operations			35. Position No. 1014		36. Serv. GS		37. Occup. Series 1711.50		
38. Grade & Step 11 1		39. Salary Or Rate \$ 7,030		40. SD D		41. Date Of Grade Mo Da Yr		42. PSI Due Mo Da Yr		43. Appropriation Number 9-7500-30-018	

**SOURCE OF REQUEST**

A. Requested By (Name And Title) C/OS		C. Request Approved By (Signature And Title) Frank K. G. [Signature] Director of Training	
B. For Additional Information Call (Name & Telephone Ext.) x-3078			

**CLEARANCES**

Clearance		Signature		Date		Clearance		Signature		Date	
A. Career Board		[Signature]		11/1/58		D. Placement					
B. Pos. Control		CP				E.					
C. Classification						F. Approved By		C. Powell		11 JUN 1959	

**Remarks**

One copy forwarded to UNVOUCHERED Payroll. Two copies forwarded to Security.

Recorded by  
CSPD

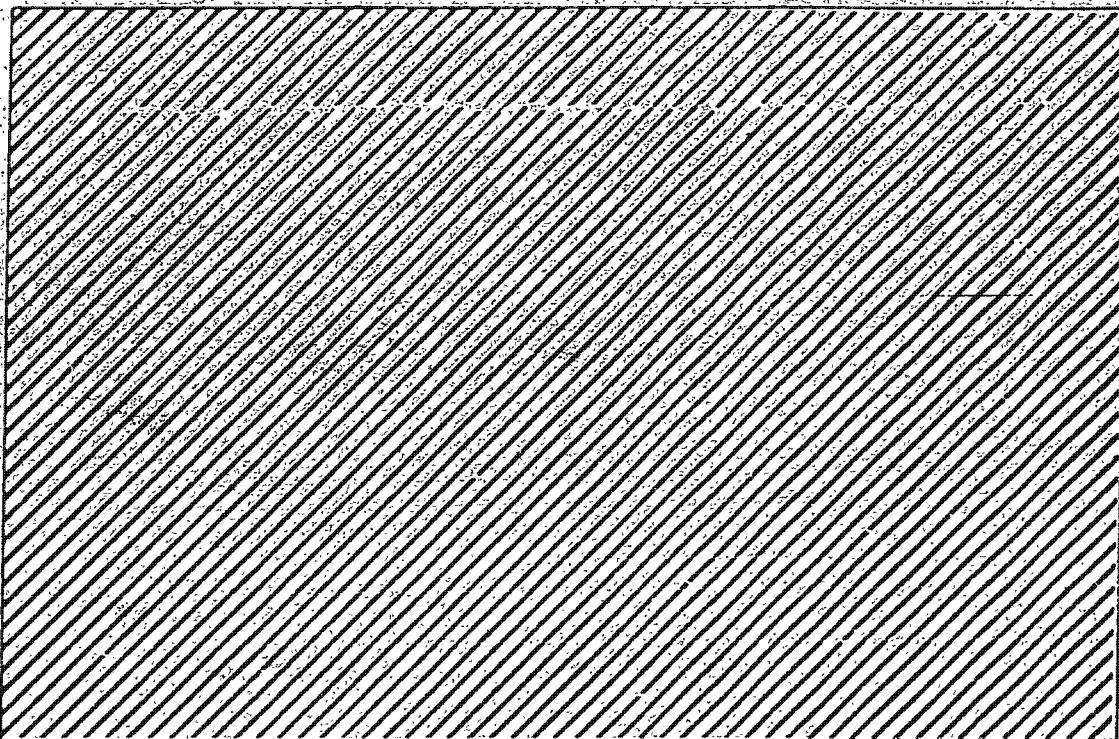
FORM 12-57 1152a (USE PREVIOUS EDITION)

**SECRET**

Security Approval [Signature] Date: 4/17/59

SECRET

(When Filled In)



NAME OF EMPLOYEE (LAST-FIRST-MIDDLE)	DATE OF BIRTH	CASE OR CLAIM NUMBER
HIDALGO, Ealmes	Unk	58-112

There is on file in the Casualty Affairs Branch, Benefits and Casualty Division, Office of Personnel, an Official Disability Claim File on the above named employee for an illness, injury, or death incurred on 1 Oct 57.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BCD REPRESENTATIVE
21 Sept 58	<i>[Signature]</i>

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

Classify According  
To Legend

E 2266 REQUEST FOR PERSONNEL ACTION 2 7/24/58

1. Serial No. 12762	2. Name (Last-First-Middle) MR. BALTES N. HIDALGO, JR.	3. Date Of Birth Mo Da Yr 5 27 19	4. Var. Pref. None-0 5. Pr-1 10 Pr-2	5. Sex M	6. CS - EOD Mo Da Yr 2 17 58
7. SCD Mo Da Yr 7 16 46	8. CSC Reim. Yes-1 No-2	9. GSC Or Other Legal Authority 50 USC 4631	10. Apmt. Affidav. Mo Da Yr 3 13 58	11. FEGLI Yes-1 No-2	12. LCD Mo Da Yr 2 17 58
13. Code No-2	14. Code No-2	15. Code No-2	16. Code No-2	17. Code No-2	18. Code No-2

## PREVIOUS ASSIGNMENT

14. Organizational Designations	Code	15. Location Of Official Station	Station Code
16. Dept. Field Dept. Code Unfld. Code Frgn. Code	17. Position Title	18. Position No.	19. Serv. 20. Occup. Series
21. Grade & Step	22. Salary Or Rate \$	23. SD	24. Date Of Grade Mo Da Yr 3 13 58
25. PSI Due Mo Da Yr		26. Appropriation Number	

## ACTION

27. Nature Of Action Excepted Appointment	Code 13	28. Eff. Date Mo Da Yr 3 17 58	29. Type Of Employee Regular	Code C1	30. Separation Data
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## PRESENT ASSIGNMENT

31. Organizational Designations DDP/WH Branch III Central America Section	Code 4613	32. Location Of Official Station Washington, D.C.	Station Code
33. Dept. Field Dept. Code Unfld. Code Frgn. Code	34. Position Title Area Ops Officer	35. Position No. # BA-486-11	36. Serv. 37. Occup. Series GS 0136.01
38. Grade & Step 11-A	39. Salary Or Rate \$ 6390	40. SD D	41. Date Of Grade Mo Da Yr 3 17 58
42. PSI Due Mo Da Yr 9 12 58		43. Appropriation Number 8-3500-20	

## SOURCE OF REQUEST

A. Requested By (Name And Title) [Signature] / WH Personnel Officer	C. Request Approved By (Signature And Title) [Signature]
B. For Additional Information Call (Name & Telephone Ext) [Signature] X 8242	

## CLEARANCES

Clearance	Signature	Date	Clearance	Signature	Date
A. Career Board	[Signature]	3/17/58	D. Placement	[Signature]	3/14/58
B. Post. Control	[Signature]	3/17/58	E.	[Signature]	
C. Classification	[Signature]		F. Approved By	Robert W. Greay	10 MAR 1958

## Remarks

Subject is presently engaged as a Contract Employee with the WH Division.  
\* For slotting purposes Only.

SECRET




**SECRET**  
(When Filled In)

1. PERSONAL SERIAL NO. <b>027630</b>		BIOGRAPHIC PROFILE (PART I) CDD: 16 Jul 1976			
2. NAME (Last-First-Middle) <b>HUTCHESON, B. N., Jr.</b>		3. SEX <b>M</b>	4. DATE OF BIRTH <b>27 May 1919</b>	5. LONGEVITY COMP. DATE <b>18 Feb 1976</b>	
6. MARITAL STATUS <b>Married</b>	7. DEPENDENTS (Include Own- Employees) <b>2</b>	8. YEARS OF BIRTH <b>1914-1892</b>		9. US NATURALIZATION DATE(S) <b>RA Puerto Rico NA</b>	
10. CAREER STATUS <b>Staff</b>	11. MEMBERSHIP <b>Mar 1961</b>	12. OTHER STATUS	13. LAST MED. APT. QUAL. FOR <b>Jul 1967</b>	14. LAST MED. APT. QUAL. FOR <b>Dept Only</b>	15. LAST MED. APT. QUAL. FOR <b>TOY O/S</b>
16. CURRENT RESERVE STATUS <b>None</b>	17. NON-CIA SERVICE <b>X</b>	18. GRADE	19. ACTIVE DUTY WITH CIA <b>CAT. 1</b>	20. RELEASE TO MIL. SER. <b>CAT. 1</b>	21. TO BE DEFERRED <b>CAT. 2</b>
12. ASSESSMENT DATE <b>None</b>		13. PROFESSIONAL TEST DATE <b>Feb 1958</b>		14. LANGUAGE APTITUDE TEST DATE <b>None</b>	
15. EMPLOYMENT HISTORY SINCE 13 SEPT 1947 (Personal Actions, Military Orders, and Principal Duties)					
1943-44 Military Service, US Army, Col - Infantry 1944-45 Jersey City Quartermaster Depot, Jersey City, NJ - Inspector 1945-47 Francis H. Loggitt Co (Food Wholesaler), NYC - Correspondence Clerk 1948-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co (Bank), NYC - Collections Clerk 1951-52 Dept of Defense, New York QM Procurement Agency, NYC - Inspector					
16. NON-CIA EDUCATION High School Graduate					
1945-46 New York University - Foreign Trade, Business Law					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)					
Portuguese - R: Inform; W, P, S, U None (Oct 1959); T None - May 1958 Spanish - R High; W Inform; P, S, U Native (Nov 1959); Translate, Interpret - May 1958					
18. AGENCY SPONSORED TRAINING					
1958 Comm Party Org & Ops 1958 CI Famil 1958 Info Rptng, Rpts & Rqmts 1958 Operations 1958 Intel Orient 1959 Picks & Locks 1959 Audio Surveill Mgmt 1966 Undetermined Entry (Act)					
19. CIA EMPLOYMENT HISTORY SINCE 13 SEPT 1947 (Personal Actions, Military Orders, and Principal Duties)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	ED	ORGANIZATION & CHCH. TITLE (If any)	LOCATION
Mar 1958	Feb 1952 - Mar 1958, Contract Employee for DDP/WH/Project HYPOTHESIS Area Ops Off 0136.01	11	D	DDP/WH-III/Control America	Hq
	Jan - Feb 1959, TOY				
Jun 1959	Instructor (Ops) 1711.50	11	D	OTR/Ops School/Covers Trng	Hq
Jun 1960	Ops Off 0136.01	11	D	DDP/WH-4	"
Aug 1961	" " 0136.01	11	D	DDP/WH-4/PI-CI Sec	"
Jan 1962	" " 0136.01	11	D	DDP/WH/Plans & Ops Sec/Sec A	"
Apr 1963	" " 0136.01	11	D	DDP/SAS/US Fld/Forward, Ops Sta	JMWAVE
Dec 1963	" " 0136.01	12	D	" " " " " " " "	"
Apr 1964	" " 0136.01	12	D	DDP/SAS/CS/CS Dev Corp	Hq
Nov 1964	" " 0136.01	12	D	DDP/SAS/CI Staff/Ops	"
May 1965	" " 0136.01	12	D	DDP/WH/CI/CI Staff/Ops	"
Dec 1965	" " 0136.01	12	D	DDP/WH-2/	"
20. DATE REVIEWED <b>22 Jun 1966</b>		21. PROFILE REVIEWED BY <b>huc/abc</b>		22. STAFF 1-10 REVIEWED & VERIFIED BY EMPLOYEE <b>huc/abc</b>	



**SECRET**  
(When Filled In)

PERS. SERIAL NO. 027630		<b>BIOGRAPHIC PROFILE (PART 2)</b>	
NAME (Last-First-Middle) HEDGECOCK, R. N., JR.		DATE OF BIRTH 27 May 1919	
23. SUMMARY OF EVALUATIVE REPORTS FOR THE PAST TWO YEARS			
			
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE			
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL			
26. ADDITIONAL INFORMATION Appreciation 1963 from TSD/AP/CAS for the postal intercept exemplars which are invaluable to that office.			
27. DATE REVIEWED 23 Jun 1969		28. PROFILE REVIEWED BY HNS/ots	

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX		4. GRADE	
Hidalgo Balmes N.		05/27/19		M		GS-12	
5. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION			
Ops Officer		DDP/WH/2		HQS			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input checked="" type="checkbox"/> CAREER: PROVISIONAL (See Instructions - Section C)				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - To)			
31 January 1969				1 January 1968 - 31 December 1968			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Primary Desk Case Officer for [redacted] FI operations. Prepares cables and dispatches to [redacted] and other Stations and internal Headquarters correspondence.							RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 2 Conducts required coordination with other offices within the agency.							RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 3 Supervises and/or maintains files and regulates indexing relating to his cases.							RATING LETTER <b>P</b>
SPECIFIC DUTY NO. 4							RATING LETTER
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER <b>P</b>

SECRET  
(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Degree of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Hidalgo is a man of unusual background even in our unusual organization. This background undoubtedly affords him qualifications for our work, but nevertheless, on the professional level he suffers from disadvantages as well--overcoming some but not others. He is not well-educated in a formal sense, and in our world of words is not adequately equipped to prepare finished written correspondence. He has difficulty in organizing his work systematically, thus at times, giving an impression that the preparation has not been thorough--which might not really have been true.

On the other hand, Mr. Hidalgo has the advantage of native fluency in Spanish and an obvious understanding of the Latin thinking process and culture. He is broadly experienced in operations, not only as a case officer but as an actual agent himself, having served four years as a Bureau penetration of the CPUSA. He is operationally imaginative and unquestionably possesses the ingenuity and courage to translate ideas into action. In this respect, however, his efforts must be channeled and selectivity exercised. On the [ ] Desk this officer provides the valuable service of operational history and continuity; he served six years [ ] and has been on the desk for three.

Continued

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 9 Jan 1969	SIGNATURE OF EMPLOYEE <i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS GIVEN UNDER MY SUPERVISION 4	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION <i>[Signature]</i>	
DATE 9 January 1969	OFFICIAL TITLE OF SUPERVISOR C/WI/2/P	SIGNATURE <i>[Signature]</i>
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL Mr. Hidalgo is an experienced and well qualified operations officer, and it is indeed unfortunate that there are medical problems which do not allow him to be assigned overseas. Since Mr. Hidalgo cannot be assigned overseas, I too endorse his desire to be assigned to OTR or to another assignment of his choice.		
DATE 9 JAN 1969	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WI/2	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> Edwin M. Terrell

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## SECTION C Continued

Hidalgo, Balmes N.

Mr. Hidalgo is a gregarious uncomplicated person, generally pleasant, and generous in his instincts--but not entirely without his quixotic side--and one whose natural Latin emotionality has been intensified by a life of experiences outside the norm, e.g. years as a CP penetration, air crashes, war wounds, etc.

This officer is aware that his intellectual background and medical debilities are obstructions to his advance. Understandably, he has developed outside interests, apparently as compensation. Expectedly, his attitudes at times so reflect.

In sum, Mr. Hidalgo serves a satisfactory function on the [ ] Desk and no doubt could continue to perform so indefinitely, but in view of his limitations in a desk-bound situation and the medical restrictions, both of which will continue to inhibit his advance in his present component, this supervisor endorses Mr. Hidalgo's desire to be considered for transfer to another component, namely OTR (specifically covert training), where his attributes would likely come more directly into play. He has the operational experience, competency in a foreign language, an outgoing personality, and experience in lecturing and teaching.\* Finally, regardless of the shortcomings reflected in this evaluation, the grading officer finds much to admire in Mr. Hidalgo personally.

\*Should a suitable opening in that field be unavailable, it is felt there would be merit also in considering Mr. Hidalgo's other stated interests, i.e., the technical interrogation section of the Office of Security or OO Contacts Division.

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) <b>HIDALGO, Balmes N., Jr.</b>			2. DATE OF BIRTH <b>27 May 1919</b>	3. SEX <b>M</b>	4. GRADE <b>GS-12</b>
5. OFFICIAL POSITION TITLE <b>Ops Officer</b>			6. OFF/DIV/BR OF ASSIGNMENT <b>DDP/WH/2</b>		
7. CHECK (X) TYPE OF APPOINTMENT			8. CURRENT STATION <b>Headquarters</b>		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			9. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE		
10. SPECIAL (Specify):			11. SPECIAL (Specify):		
12. DATE REPORT DUE IN O.P.			13. REPORTING PERIOD (From - to) <b>1.3.70 to 12.6.70</b>		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 <b>Responsible for all FI/CI Projects for the Desk</b>					<b>S</b>
SPECIFIC DUTY NO. 2 <b>Initiates, prepares and coordinates all operational communications to the field on FI/CI matters</b>					<b>P</b>
SPECIFIC DUTY NO. 3 <b>Prepares project renewals, studies and papers on FI/CI matters</b>					<b>P</b>
SPECIFIC DUTY NO. 4 <b>Translates Spanish language material for the Branch</b>					<b>O</b>
SPECIFIC DUTY NO. 5 <b>Coordinates FI/CI matters for the Desk with other Hqs components</b>					<b>S</b>
SPECIFIC DUTY NO. 6 <b>Occasionally handles visiting indigenous assets</b>					<b>S</b>
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					RATING LETTER
31 MAR 1967 Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					<b>S</b>

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B, to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Comment by Mr. Tsikerdanos, previous supervisor: 151 F1 '67</p> <p>Mr. Hidalgo is a very capable case officer who is more suited to a field position. He is adept at handling indigenous personnel and has a keen operational mind. He is good at grasping operational leads but is not a capable writer. He has trouble expressing himself on paper. His Spanish language capability is a decided asset to the Branch. A longstanding illness has limited his effectiveness at the Desk. He is cost conscious and has no supervisory responsibilities.</p> <p>Comments by Present Supervisor:</p> <p>I concur in the above estimate of Mr. Hidalgo's operational capabilities. During the months (Oct 1966 - March 1967) I have worked with Mr. Hidalgo I have not found his health to be a factor in his performance of his duties.</p> <p style="text-align: right;">Ken Knaus</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
10 March 67	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
11			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 MAR 1967	Formerly C/WH/2/P	<i>[Signature]</i>	
9 MAR 1967	Present C/WH/2/P	Ken Knaus	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Hidalgo's health caused him to be absent from his duties several times during the first part of 1966 but these absences were for a limited period. From my observation, his health has not presented a serious problem to the performance of his duties.</p> <p>Several times during the absence of Mr. Tsikerdanos in the year 1966 Mr. Hidalgo was the acting desk officer. His performance was most satisfactory, and his supervision of the other desk employees, albeit for a limited period, was fully satisfactory.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 MAR 1967	C/WH/2	<i>[Signature]</i> Edwin M. Terrell	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle) HITLASSO, Palmes A., Jr.			2. DATE OF BIRTH 27 May 1919		3. SEX M		4. GRADE GS-12
5. OFFICIAL POSITION TITLE C's Officer			7. OFF/DIV/BR OF ASSIGNMENT DD//T/C		8. CURRENT STATION Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 16 Mar - 30 October 1955			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations.							RATING LETTER P
SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and							RATING LETTER S
SPECIFIC DUTY NO. 3 Briefing representatives of personnel foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party.							RATING LETTER S
SPECIFIC DUTY NO. 4 Translator/interpreter: Served as consultant to WH Division on Cuban Spanish.							RATING LETTER S
SPECIFIC DUTY NO. 5							RATING LETTER
SPECIFIC DUTY NO. 6							RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER S
4 JAN 1956							

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B by providing basis for determining future personnel action. Managerial performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Hidalgo is an able intelligence officer, <sup>Office of</sup> <del>developed</del> to his profession and selfless in his desire to be of <del>service</del> to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.</p>			
<p>An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible.</p>			
<p>He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 December 1965	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
8 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO/FI-CI	<i>[Signature]</i> Susan L. Darling	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur with the supervisor's assessment of Mr. Hidalgo with <del>an</del> exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO	Walter T. Cini <i>[Signature]</i>	

SECRET



SECRET  
(When Filled In)

1. PERSONAL NO. 27630		BIOGRAPHIC PROFILE (PART I) SCDD: 16 Jul 1946			
2. NAME (Last-First-Middle) JAMES H. HARRIS, JR.		3. SEX M	4. DATE OF BIRTH May 1919	5. LONGEVITY COMP. DATE 17 Mar 1958	
6. MARITAL STATUS Married	7. DEPENDENT(S) (Entered - Planned)	8. NO. YEARS OF BIRTH 3	9. YEAR(S) OF BIRTH 1927 1945 1950		10. NATURALIZATION DATE(S) NA Puerto Rico NA
11. CARRIED STAFF STATUS D	12. MEMBERSHIP D	13. OTHER STATUS Pending		14. LAST REG. DUTY EVAL. FOR Sep 1962	15. EVAL. FOR Duty Only TDY O/S
16. CURRENT RESERVE STATUS D	17. NON-SERVICE D	18. GRADE	19. ACTIVE DUTY WITH CIA CAT. 1	20. RELEASED TO MIL. SER. CAT. 1	21. TO BE DEFERRED CAT. 3
22. ASSESSMENT DATE None		23. PROFESSIONAL TEST DATE Feb 1958		24. LANGUAGE ATTITUDE TEST DATE None	
25. EMPLOYMENT HISTORY 1940-43 Military Service, US Army, Cpl - Infantry 1944-45 Jersey City Quartermaster Depot, Jersey City, NJ - Inspector 1945-47 Francis H. Lussitt Co (Food Wholesaler), NYC - Correspondence Clerk 1946-49 Dept of Justice, FBI, NYC - Contract Agent on a Penetration Project 1948-50 Colonial Trust Co (Bank), NYC - Collections Clerk 1950-51 American Trust Co (Bank), NYC - Collections Clerk 1951 Dept of Defense, New York QM Procurement Agency, NYC - Inspector					
26. NON-CIA EDUCATION 1945-46 New York University - Foreign Trade, Business Law					
27. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		Portuguese - R Interim; W, P, S, U Zero (Oct 1959); T None - May 1958 Spanish - R High; W Interim; P, S, U Native (Nov 1959); Translate, Interpret - May 1958			
28. AGENCY SPONSORED TRAINING 1958 Comm Party Org & Ops 1958 Intel Orient 1958 CI Famil 1959 Picks & Locks 1958 Info Rptng, Rpts & Rqmts 1959 Audio Surveil Mgmt 1958 Operations					
29. CIA EMPLOYMENT HISTORY SINCE 15 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & DUTY TITLE (If any)	LOCATION
Mar 1958	Feb 1952 - Mar 1958, Contract Employee for DDP/WH/Project HYPOTHESIS Area Ops Off. 0136.01	11	D	DDP/WH-III/Central America	Hq
	Jan - Feb 1959, TDY Mexico and Guatemala				
Jun 1959	Instructor (Ops) 1711.50	11	D	OTR/Ops School/Covert Trng	Hq
Jun 1960	Ops Off 0136.01	11	D	DDP/WH-4	"
Aug 1961	" " 0136.01	11	D	DDP/WH-4/FI-CI Sec	"
Jan 1962	" " 0136.01	11	D	DDP/WH/Plans & Ops Stf/Sec A	"
Apr 1963	" " 0136.01	11	D	DDP/SAS/US Fld/forward Ops Sta	JMWAVE
30. DATE REVIEWED 24 Oct 1963		31. PROFILE REVIEWED BY OP/POD/QC/hes/rwh		32. ITEMS 1-10 REVIEWED & VERIFIED BY EMPLOYEE 9 Feb 1960	

FORM 1200 (PART I) USE PREVIOUS EDITIONS

SECRET

- PROFILE

101

SECRET  
(When Filled In)

PERS. SERIAL NO. 27630	BIOGRAPHIC PROFILE (PART 2)	
NAME (Last-First-Middle) HIDALGO, Balmez Nieves, Jr.		DATE OF BIRTH May 1919
<div data-bbox="569 520 917 1024" data-label="Image"> </div>		
24. SUMMARY OF CAREER PREFERENCE OUTLINE AND/OR FIELD REASSIGNMENT QUESTIONNAIRE		
25. IDENTITY OF OTHER DOCUMENTS WHICH SHOULD BE REVIEWED IN DETAIL		
26. ADDITIONAL INFORMATION		
27. DATE REVIEWED	28. PROFILE REVIEWED BY OP/POD/SAB	

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A				GENERAL			
1. NAME (Last) (First) (Middle)				2. DATE OF BIRTH	3. SEX	4. GRADE	5. SS
HIDALGO, BALMES				27 May 1919	M	GS-11	D
6. OFFICIAL POSITION TITLE				7. OFF/DIV/DR OF ASSIGNMENT 8. CURRENT STATION			
Ops Officer				DDP WH P&O SEC A.			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
30 October 1962				17 Jan 62 - 30 Sep 62			
SECTION B PERFORMANCE EVALUATION							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Responsible for initiation and development of WH Division durable assets program.						P	
SPECIFIC DUTY NO. 2						RATING LETTER	
Collate and maintain files on espionage laws of LA countries.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Served as interpreter and translator for Division LA contacts.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Coordinated with Branch 1 of WHD on FI and CI matters.						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
Gives lectures as guest instructor to students attending School of International Communism.						S	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	

## SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Merits of performance of managerial or supervisory duties must be described, if applicable.</u></p> <p>Mr. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.</p> <p>It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
18 Sept 62	<i>Salvador Hidalgo</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
18 September 1962	C/WH/PO/A		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I have had insufficient personal contact with Subject to make any meaningful comments.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPE	RE
13 September 1962	C/WH/CPS		

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">027630</div>				
<b>SECTION A GENERAL</b>								
1. NAME (Last) <b>HIDALGO</b>		(First) <b>Baltes</b>		(Middle) <b>N., Jr.</b>				
2. DATE OF BIRTH <b>27 May 1919</b>		3. SEX <b>Male</b>		4. GRADE <b>GS-11</b>				
5. SERVICE DESIGNATION <b>D</b>		6. OFFICIAL POSITION TITLE <b>Operations Officer</b>		7. OFF. DIV./BR. OF ASSIGNMENT <b>DDP/WH, Rm. 4, D.C.</b>				
8. CAREER STAFF STATUS			9. TYPE OF REPORT					
<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> MEMBER <input type="checkbox"/> DEFERRED <input type="checkbox"/> PENDING <input type="checkbox"/> DECLINED <input type="checkbox"/> DENIED			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT/SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT/EMPLOYEE					
10. DATE REPORT DUE IN O.P. <b>31 October 1961</b>		11. REPORTING PERIOD <b>Oct60</b> To <b>30 Sep61</b>						
12. SPECIAL (Specify)								
<b>SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES</b>								
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).								
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>1 - Unsatisfactory</span> <span>2 - Barely adequate</span> <span>3 - Acceptable</span> <span>4 - Competent</span> <span>5 - Excellent</span> <span>6 - Superior</span> <span>7 - Outstanding</span> </div>								
SPECIFIC DUTY NO. 1 <b>Hqs. C.O. for 3 major CI/PI Projects-at one time comprising 301 Agents. Originates operational traffic, Support traffic and maintains records and files.</b>		RATING NO. <b>5</b>		SPECIFIC DUTY NO. 4 <b>Responsible for spotting, interviewing and recruiting of Cuban students in the U. S. for return to Cuba for operational purposes.</b>				
SPECIFIC DUTY NO. 2 <b>Hqs. C.O. for 8 unilateral independent Agents, including originating operational and Support traffic, and maintaining proper records and files.</b>		RATING NO. <b>4</b>		SPECIFIC DUTY NO. 5				
SPECIFIC DUTY NO. 3 <b>Interviewing, briefing and debriefing Spanish only speaking Agents and contacts for all operational Sections of the Branch.</b>		RATING NO. <b>6</b>		SPECIFIC DUTY NO. 6				
<b>SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION</b>								
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance:								
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.					<div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">RATING NO. <b>5</b></div>			
<b>SECTION D DESCRIPTION OF THE EMPLOYEE</b>								
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee:								
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>1 - Least possible degree</span> <span>2 - Limited degree</span> <span>3 - Normal degree</span> <span>4 - Above average degree</span> <span>5 - Outstanding degree</span> </div>								
CHARACTERISTICS		NOT APPLICABLE	NOT OBSERVED	RATING				
				1	2	3	4	5
GETS THINGS DONE							X	
RESOURCEFUL							X	
ACCEPTS RESPONSIBILITIES							X	
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES							X	
DOES HIS JOB WITHOUT STRONG SUPPORT							X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE							X	
WRITES EFFECTIVELY						X		
SECURITY CONSCIOUS						X		
THINKS CLEARLY							X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X	
OTHER (Specify):								
SEE SECTION "E" ON REVERSE SIDE								

## SECRET

(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE		
<p>State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.</p> <p>Mr. Hidalgo has done a fine job during the reporting period, while assigned to the CI Section of the Branch when it was in its most active period of buildup and operations. The manner in which he accepted any assignment is unusual and he was often working under pressure. During the period, he was on several temporary duty trips in connection with operational activities, which he completed very well.</p> <p>He has a talent for getting along with and understanding Latin Americans, and with his fluent Spanish language capability, he has performed in a commendable manner. While Mr. Hidalgo has never shunned responsibility, his assignment did entail the delegation of extensive responsibility. It is the feeling of the Rating Officer that he should be given the opportunity for greater responsibility, and training, which will qualify him for a supervisory role. After that, he should be qualified in all respects for promotion to GS-12.</p>		
SECTION F CERTIFICATION AND COMMENTS		
1. BY EMPLOYEE		
I certify that I have seen Sections A, B, C, D and E of this Report.		
DATE	SIGNATURE OF EMPLOYEE	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
11	Subject hospitalized.	
IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.		
EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS		REPORT MADE WITHIN LAST 90 DAYS
OTHER (Specify):		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
20 March 62	D/Chief, WH/4/CI	
3. BY REVIEWING OFFICIAL		
<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION. <input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION. <input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.		
COMMENTS OF REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 March 1962	C/WH/4/CI	

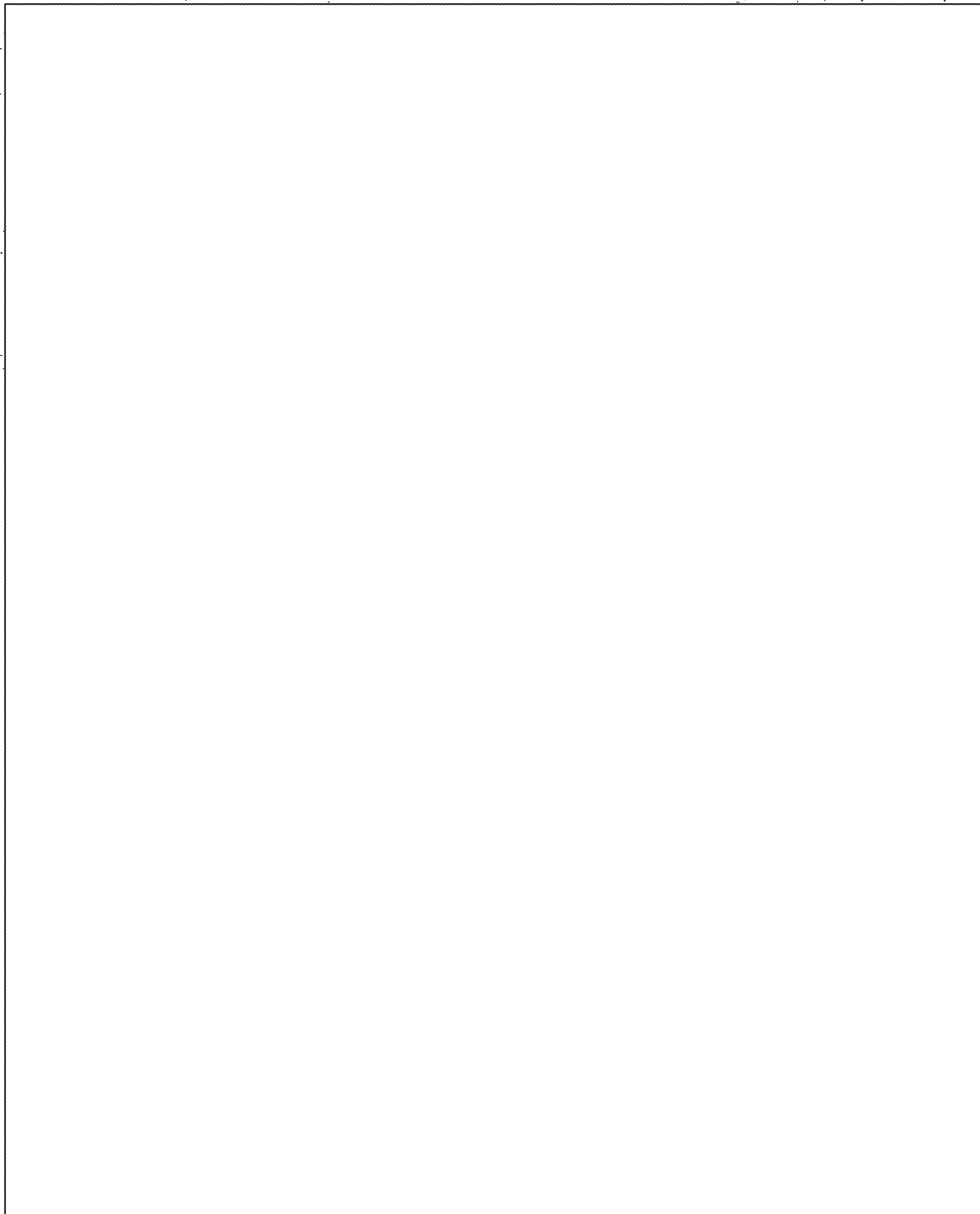
SECRET



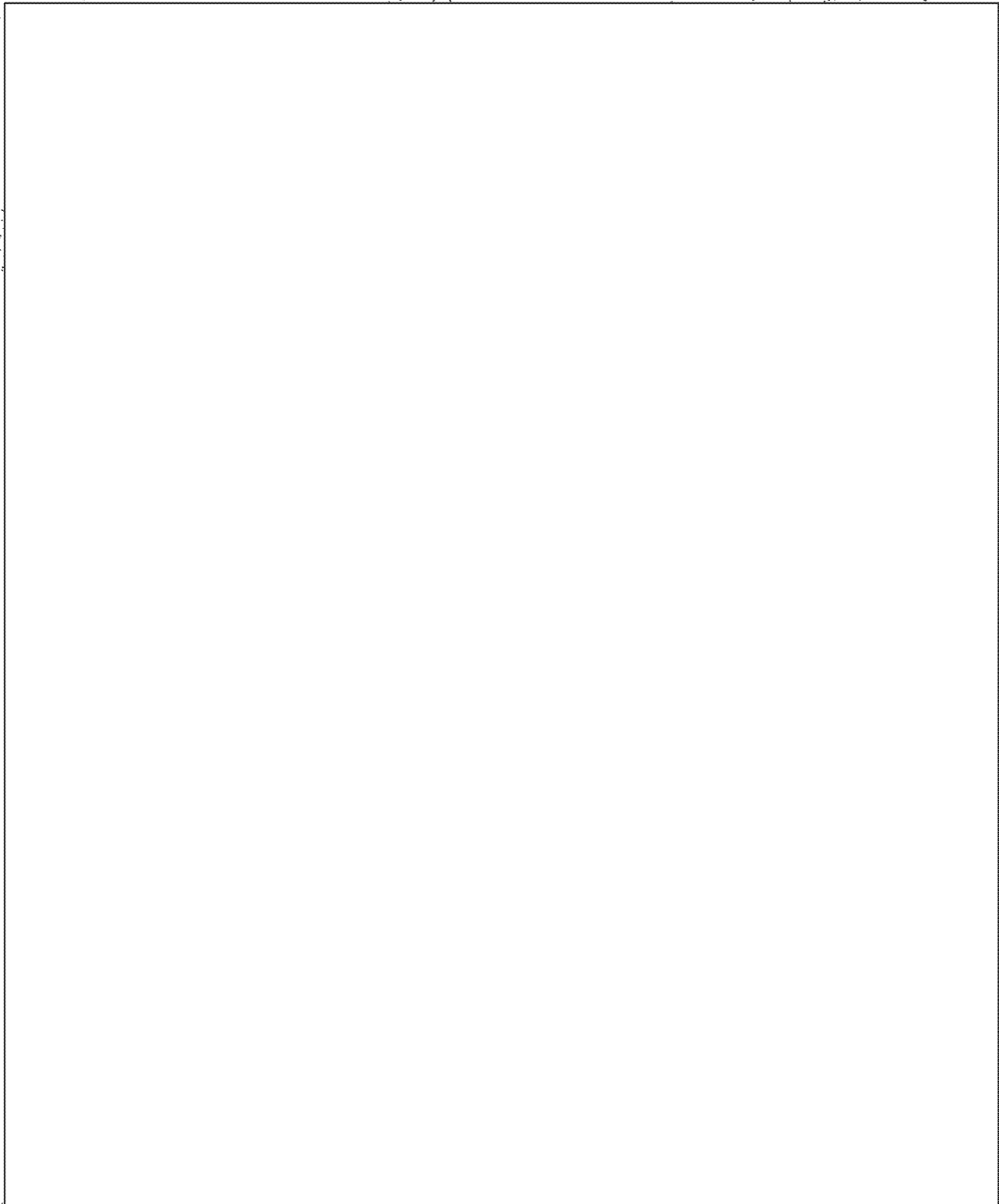
*Latin*

1-PSD:05

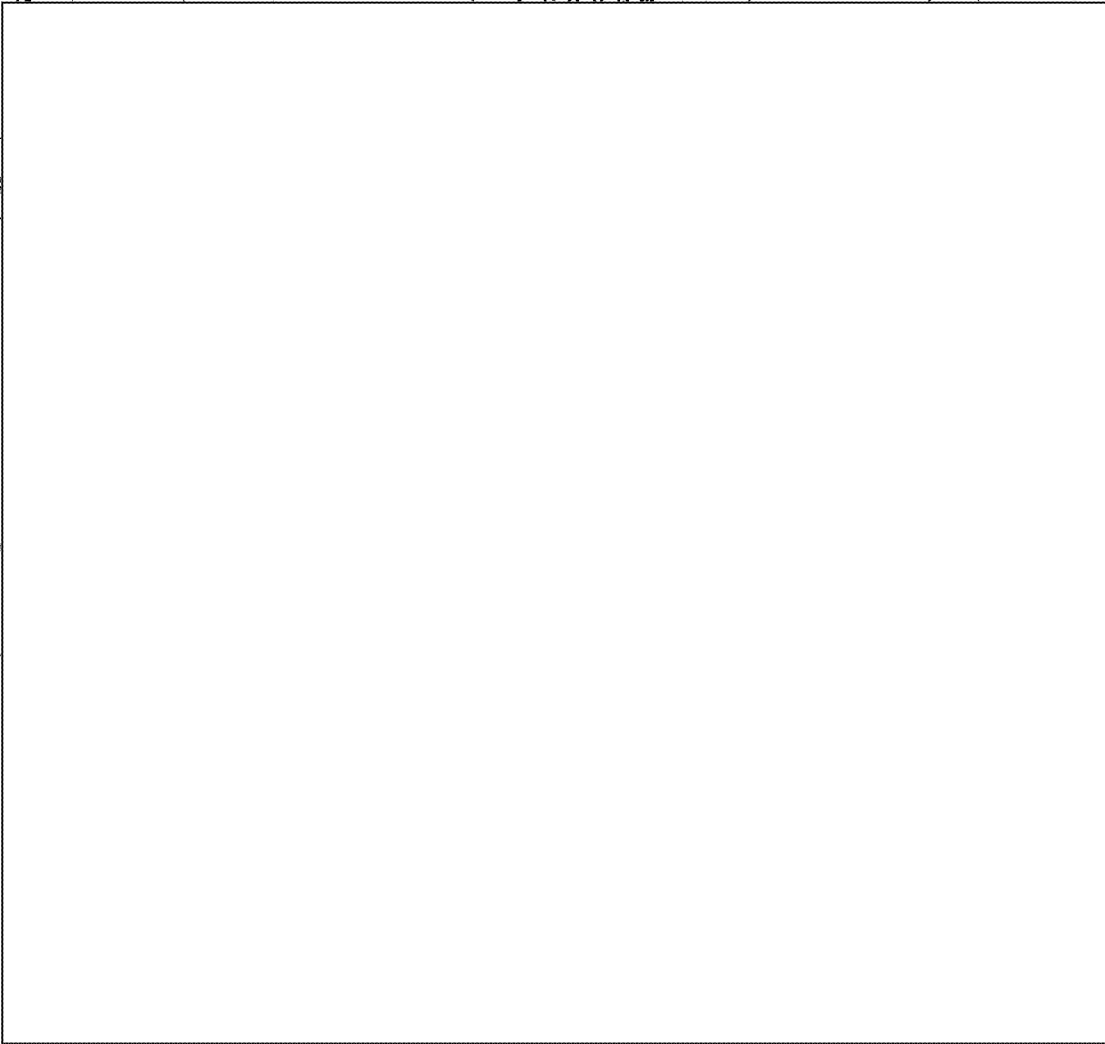
CRET











THIS SECRET MUST REMAIN

1  
03

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-421 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT:

NAME: HIDALGO, B. N., JR. SERIAL: 00730 ORG: 51 POS: 350 V: 12 STEP: 5 NEW SALARY: \$15,034

1. LAST NAME: HIDALGO, B. N. JR.		INITIAL(S):		2. APPOINTMENT DATA Entered on duty: F, T, P, T		3. TOTAL SERVICE FOR LEAVE (as of date of separation)		
4. DATE AND NATURE OF SEPARATION RETIREMENT-DISABILITY-UNDER CIA RET AND DIS SYSTEM EFF 2/28/70				Subject to Sec 203(d) 1937 Leave Act Yes <input type="checkbox"/> No <input type="checkbox"/> Ceased to be subject to Sec 203(d) on Annual Leave Bal		Years: Months: Days: <input type="checkbox"/> More than 15 years		
SUMMARY OF ANNUAL AND SICK LEAVE (HOURS)				SUMMARY OF HOME LEAVE (DAYS)				REMARKS  SCD 7/16/46
5. Balance from prior leave year ended 1/10/70				14. Date arrival abroad for HL purposes				
6. Current leave year accrual through 2/21/70				15. Current balance as of 19				
7. Total				16. 12 month accrual rate				
8. Reduction in credits, if any (current year)				17. Dates leave used, prior 24 months				
9. Total leave taken				18. Monthly accrual date				
10. Balance				19. Calendar days credit for next accrual date				
11. Total hours paid in lump sum 66 hrs				20. Date basic service period completed				
12. Salary rate(s) \$15,173.00				21. Dates during current calendar yr				
13. Lump sum leave dates from 0830 3/02/70 to 3/11/70 1030 (Hours)				22. Dates during preceding calendar yr				
20. Certified correct by [Signature] for Chief Payroll				23. During leave year in which separated				MILITARY LEAVE 24. During step increase making period which began on 12/15/68 25. During 12-month HL accrual period (dates)
(Signature)				(Date)				
(Title)				(Telephone)				

3-71-70

70-1271

70-1556

3-1 MAR 1970

Mr. Balmes N. Hidalgo, Jr.  
401 Silver Rock Road  
Rockville, Maryland 20851

Dear Mr. Hidalgo:

As you bring to a close more than twenty years of service to your country, I want to join your friends and co-workers in wishing you well and hoping that you find the years ahead filled with enjoyment and satisfaction.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I express to you my appreciation and extend my best wishes for the years ahead.

Sincerely,

/s/ Richard Helms

Richard Helms  
Director

Distribution:

- 0 - Addressee
- 1 - DDCI
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Reader

Originator:

Director of Personnel

\* Concur:

C/EAB/OS

OP/RAD/ROB/[ ]:jat/3257 (5 March 1970)

8 SEP 70

Mr. Raloes N. Hidalgo, Jr.  
403 Silver Rock Road  
Rockville, Maryland 20851

Dear Mr. Hidalgo:

It is the practice of the Organization to follow up with former employees six months after their retirement. We hope by such inquiry to obtain information on what our retirees are doing and where they are located, invite suggestions for improving the retirement program and to learn if the Organization might be of some assistance on any post-retirement matters.

We should like very much to hear from you on the above points and on any other topics you think would be useful to us.

For your convenience in replying, we have enclosed a sheet somewhat akin to a form on which we have listed those standard items of information we'd like to have on every retiree. The remainder of the sheet, including the reverse side, is for your comments and suggestions. We shall be most appreciative of your fullest response to this inquiry.

Thank you very much for your cooperation.

Sincerely yours,

Carroll A. Duchay  
Personnel Officer

Enclosures:

Questionnaire  
Return Envelope

Distribution:

Original - Addressee  
1 - OPF  
1 - RAD Subject's File

OP/RAD/EFAB/[ ]:dag (31 Aug 70)

**SECRET**  
(When Filled In)

DSJ: 4 MAR 70

# NOTIFICATION OF PERSONNEL ACTION

GEF

1. SERIAL NUMBER 027630		2. NAME (LAST, FIRST, MIDDLE) HIDALGO, J R JR	
3. NATURE OF PERSONNEL ACTION RETIREMENT-DISABILITY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE MO DA YR 03 15 70	
5. CATEGORY OF EMPLOYMENT REG 1		6. FUNDS V TO V CF TO V V TO CF CF TO CF	
7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY P.L. 88-643 SECT. 231	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH BRANCH 2 SECTION		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE CPS OFFICER		12. POSITION NUMBER 1312	
13. SERVICE DESIGNATION D		14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5	
17. SALARY OR RATE 13173		18. REMARKS	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. INTEGRATE CODE	24. MGRS CODE	25. DATE OF BIRTH MO DA YR 03 27 1	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 CSC 2 CIA 3 FICA 5 NONE
31. SEPARATION DATA CODE -70000	32. Correction / Cancellation Data TYPE MO DA YR	33. SECURITY REG NO	34. SER
35. VET PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR DESV PROV TEMP
39. FEGLI - HEALTH INSURANCE CODE 0 WAIVER 1 YES	40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 3 YRS.) 3 BREAK IN SERVICE (MORE THAN 3 YRS.)	42. LEAVE CAT. CODE
43. FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO	44. STATE TAX DATA FORM EXECUTED 1 YES 2 NO	45. TAX STATE CODE CODE INC TAX STATE CODE FEDERAL	
SIGNATURE OR OTHER AUTHENTICATION			

**POSTED**

03-05-70/jsc

FORM  
5-661150  
MAY 10-67Use Previous  
Edition

SECRET

BBG

Excluded from automatic  
downgrading and  
declassification

(When Filled In)

BSJ: 4 MAR 70

NOTIFICATION OF PERSONNEL ACTION					
1. OFF					
1. SERIAL NUMBER	2. NAME (LAST FIRST-MIDDLE)				
027630	HIDALGO D N JR				
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT	
RETIREMENT-DISABILITY-UNDER CIA RETIREMENT AND DISABILITY SYSTEM		MO DA YR 02 28 70		REGULAR	
6. FUNDS		7. Financial Analysis No Chargeable		8. CSC CS TYPE: LEGAL AUTHORITY	
<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V		<input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF		0235 0620 0000 P.L. 88-643 SECT. 231	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION	
OPS OFFICER		1310		D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	
GS		0136.01		12 5	
				17. SALARY OR RATE	
				15173	
18. REMARKS					
SIGNATURE OR OTHER AUTHENTICATION					



WAGE ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF P.L. 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI EFFECTIVE DATE OF OCTOBER 1969.

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JUL 1969

NAME	SERIAL	DEPT.	BONDS	GR-STEP	SALARY
MIDANCO B N JS	027630	51	350	GS 12-5	\$15,173

1	SERIAL NO.	2	NAME	3	ORGANIZATION	4	FUNDS	5	EWOP HOURS
	027630		MIDALGO B N JR		51 390		V		
6	OLD SALARY RATE			7	NEW SALARY RATE			8. TYPE ACTION	
	Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	SI ADJ
	GS 12 4		813.392	12/18/66	GS 12 5		813.798	12/19/68	
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE							DATE		
E. J. Turner							10 October 68		
<input checked="" type="checkbox"/> NO EXCESS EWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> EWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS T. J. Turner									
FORM 560 E Use previous editions PAY CHANGE NOTIFICATION									

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 213 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HIDALGO B N JR	027630	51	350	V GS 12 4	\$12,607	\$13,392

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HIDALGO B N JR	027630	51	350	V GS 12 4	\$12,607	\$12,607

c/w #12

G 30

1. Service No.		2. Name		3. Civil Control Number		4. LWOP Hours	
027630		HIGALGO B N JR		M1-390 V			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Expire Date	Grade	Step	Salary	Effective Date
GS 12	3	\$11,685	12/19/65	GS 12	4	\$12,000	12/14/66
7. TYPE ACTION							
							77.33
8. Remarks and Authorization							
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS      AUDITED BY <i>[Signature]</i>							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE: <i>[Signature]</i>				DATE: <i>Dec 12 1966</i>			
<b>PAY CHANGE NOTIFICATION</b>							

1-61 5000-10-1

1-61 5000-10-1

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
027630		FISALGO, B. N. CR.							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM				14/66		REGULAR			
6. FUNDS		7. COST CENTER NO. (CHARGEABLE)		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATION		10. LOCATION OF OFFICIAL STATION	
X		10020000		FSC 1043		DOF/WH		WASH., D. C.	
11. POSITION TITLE		12. POSITION NUMBER		13. SERVICE DESIGNATION		14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES	
16. REMARKS		17. SALARY OR RATE		18. SECTOR AND STEP		19. CLASSIFICATION SCHEDULE (GS, LB, etc.)		20. OCCUPATIONAL SERIES	
YOU ARE HEREBY NOTIFIED OF YOUR RIGHT TO APPEAL THIS ACTION TO THE DIRECTOR OF CENTRAL INTELLIGENCE IN ACCORDANCE WITH THE PROVISIONS OF HR 20,500. SUCH APPEAL MUST BE RECEIVED IN THE OFFICE OF THE DIRECTOR WITHIN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THIS ACTION.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. AUTHORITY		22. OFFICE CODE		23. STATION		24. INTEREST		25. DATE OF BIRTH	
CODE		CODE		CODE		CODE		DATE	
26. DATE EXPIRES		27. SPECIAL REFERENCE		28. RETIREMENT DATA		29. SEPARATION DATA CODE		30. CORRUPTION INVESTIGATION DATA	
DATE		REFERENCE		DATA		CODE		DATA	
31. NET PREFERENCE		32. SERP COMP DATE		33. COMP DATE		34. CREDITED EMPLOYER		35. FISAL HEALTH INTERVIEW	
CODE		DATE		DATE		CODE		DATE	
36. PREVIOUS GOVERNMENT SERVICE DATA		37. LEAVE (L)		38. LEAVE (L)		39. LEAVE (L)		40. LEAVE (L)	
CODE		CODE		CODE		CODE		CODE	
SIGNATURE OF DCM'S AUTHORIZED ACTION									

FORM 11-66 1130

Use Previous Edition

SECRET

 100-400-100-100  
 100-400-100-100  
 100-400-100-100

When Filled In

PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962.

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GRADE	OLD SALARY	NEW SALARY
WILALGO H N JR	027430	51	350	V GS 12 3	\$11,355	\$11,685

6-33

NAME		SERIAL		ORGN.		FUNDS		GRADE		OLD SALARY		NEW SALARY		EFFECTIVE DATE		TYPE ACTION	
WILALGO H N JR		027430		51		350		V GS 12 3		\$11,355		\$11,685		12/1/65			
OLD SALARY RATE		NEW SALARY RATE		TYPE ACTION													
GRADE	STEP	GRADE	STEP	GRADE	STEP	GRADE	STEP	GRADE	STEP	GRADE	STEP	GRADE	STEP	GRADE	STEP	GRADE	STEP
GS 12 2	10,987	GS 12 3	11,355	GS 12 3	11,355	GS 12 3	11,355	GS 12 3	11,355	GS 12 3	11,355	GS 12 3	11,355	GS 12 3	11,355	GS 12 3	11,355
<p>NO EXCESS LWO</p> <p>IN PAY STATUS AT END OF WAITING PERIOD</p> <p>LWO STATUS AT END OF WAITING PERIOD</p> <p>CLERKS INITIALS AUDITED BY</p> <p>I CERTIFY THAT THE ROPA OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE</p> <p>SIGNATURE: <b>E. J. HULL</b></p> <p style="text-align: center;"><b>PAY CHANGE NOTIFICATION</b></p>																	

JH: 17 DEC 65

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
027630		HIDALGO B N JR							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT					12 19 65		REGULAR		
6. FUNDS		7. TO: W		8. TO: CP		9. COST CENTER NO (CHARGEABLE)		10. CSC OR OTHER LEGAL AUTHORITY	
X		CP TO W		CP TO CP		6235 0620 0000		50 USC 403 J	
11. ORGANIZATIONAL DESIGNATIONS					12. LOCATION OF OFFICIAL STATION				
DOP/WH BRANCH 2 SECTION					WASH., D.C.				
13. POSITION TITLE					14. POSITION NUMBER		15. SERVICE DESIGNATION		
OPS OFFICER					1318		D		
16. CLASSIFICATION SCHEDULE (SEE 1.6, 1.7)			17. OCCUPATIONAL SERIES		18. GRADE AND STEP		19. SALARY OR RATE		
GS			0136.01		12 3		11355		
20. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
21. ACTION CODE	22. EMPLOY CODE	23. OFFICE CODES	24. STATION CODE	25. INTEGRITY CODE	26. REGIONS CODE	27. DATE OF BIRTH	28. DATE OF GRADE	29. DATE OF LEI	
37	10	51350 WH	75013		1	05 27 19			
30. MTE EXPIRES	31. SPECIAL REFERENCE	32. RETIREMENT DATA	33. SEPARATION DATA CODE	34. CORRECTION/CANCELLATION DATA	35. SECURITY REG NO	36. SEC	EOD DATA		
NO	DA	YE	1. 101 2. 102 3. 103	CODE	TYPE	NO	DA	YE	
37. VET PREFERENCE	38. SERV COMP DATE	39. LONG COMP DATE	40. CAREER CATEGORY	41. SICK/HEALTH INSURANCE	42. SOCIAL SECURITY NO				
CODE	0. NONE 1. 101 2. 102	NO	DA	YE	DA	YE	DA	YE	
43. PREVIOUS GOVERNMENT SERVICE DATA	44. LEAVE CAT	45. FEDERAL TAX DATA	46. STATE TAX DATA						
CODE	0. NO PREVIOUS SERVICE 1. NO SERVICE IN SERVICE 2. SERVICE IN SERVICE LESS THAN 1 YEAR 3. SERVICE IN SERVICE MORE THAN 1 YEAR	CODE	0. NO 1. 101 2. 102	NO. TAX EXEMPTIONS	CODE	0. NO 1. 101 2. 102	NO. TAX STATE CODE	CODE	0. NO 1. 101 2. 102
506 (ATOMIC OR OTHER AUTHENTICATION)									

FORM 11-62 1150

Use Previous Edition

SECRET

 Form 11-62 (Rev. 1-64)  
 (When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 1 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
WIDALGO R N JR	027630	51	500	V GS 12 2	\$10,605	\$10,987

**SECRET**  
(When Filled In)

# NOTIFICATION OF PERSONNEL ACTION

0CS 04/27/65		FORM NO. 10-1 (REV. 1-63)	
1. SERIAL NUMBER 027610		2. NAME (LAST FIRST MIDDLE) WIDALGO B N JR	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 05 31 65	
5. CATEGORY OF EMPLOYMENT		6. COST CENTER NO. CHARGEABLE 5255 1162 0000	
7. FUND X V TO V O TO V		8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH DIVISION WH C MIAMI OPS BR FI SEC		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 1145	
13. CLASSIFICATION SCHEDULE (GS, LB, WH) GS		14. OCCUPATIONAL SERIES 0136.01	
15. GRADE AND STEP 12		16. SALARY OR RATE	
17. REMARKS			
SIGNATURE OR OTHER AUTHENTICATION			



3CF

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
027630		MIDALGO B N JR		49 997 43F						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 12	1	\$10,250	12/22/63	GS 12	2	\$10,605	12/20/64			
8. Remarks and Authorization										
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: <i>W</i> AUDITED BY:										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE <i>[Signature]</i>						DATE <i>12-20-64</i>				
PAY CHANGE NOTIFICATION										

DEC 22 11 06 AM '64

DEC 22 11 06 AM '64

MHC: 2 NOV 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST-MIDDLE)									
027630		HIDALGO B N JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT						NO. DA YR 11 02 64			REGULAR		
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		5235 1162 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SAS COUNTERINTELLIGENCE STAFF OPERATIONS SECTION						WASH., D. C.					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
OPS OFFICER						0887			D		
14. CLASSIFICATION SCHEDULE (GS, LB, etc)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		12 1		10250			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE	
37		10		NUMERIC ALPHABETIC 49150 SAS		75013				25. DATE OF BIRTH	
										NO DA YR 05 27 19	
26. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
NO DA YR				1 - CSC 2 - FICA 3 - NONE				EOD DATA		34. SEN	
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SEC. TV NO	
CODE		NO DA YR		NO DA YR		CODE		CODE		CODE	
0 - NONE 1 - 5 PT 2 - 10 PT						41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT		43. FEDERAL TAX DATA	
						CODE		CODE		CODE	
						0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 1 YRS) 3 - BREAK IN SERVICE (MORE THAN 1 YRS)		FORM EXECUTED 1 - YES 2 - NO		NO TAX EXEMPTIONS	
										STATE TAX DATA	
										CODE NO TAX STATE CODE	
										EOD DATA	
SIGNATURE OR OTHER AUTHENTICATION											
FROM: DEV COMP 2											
FOOTED 11/02/64											

FORM 11-62 1150

Use Previous Edition

SECRET

SECRET  
(When Filled In)

(When Filled In)

**SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.**

[illegible]

RZR: 22 APR 64

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)									
02730		HIDALGO, S N US									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
CAREER PROVISIONAL EXCEPTED APPT				MO DA YR 01 12 64		REGULAR					
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
X		CF TO V		CF TO CF		4232 1230 1000		50 USC 403			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SAS CS/CS DEVELOPMENT COMPLEMENT						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						2227					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0130.01		12.1		2280			
18. REMARKS OTHER											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRATE CODE		24. MONTHS CODE	
13		12		NUMERIC ALPHABETIC 42227 SAS		25013					
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
MO DA YR 05 12 13		MO DA YR 12 22 13		MO DA YR 12 22 13		MO DA YR 05 12 13		MO DA YR 12 22 13		MO DA YR 12 22 13	
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION/CANCELLATION DATA		36. SECURITY REQ NO	
MO DA YR 1 1 1				1. CAC 2. FICA 3. NONE		CODE 1		TYPE NO DA YR		EOD DATA 00000	
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO	
CODE 0		MO DA YR 07 11 63		MO DA YR 11 17 64		CODE P		CODE 1		CODE 1	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT				45. FEDERAL TAX DATA			
CODE 1				CODE 1				CODE 1			
46. STATE TAX DATA				47. STATE TAX DATA				48. STATE TAX DATA			
CODE 1				CODE 1				CODE 1			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>          429.64 401       </div>											

FORM 11-62 1150

Old Previous Edition

22 APR 64

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

**SECRET**  
(When Filled In)

REF: 29 APR 64

**NOTIFICATION OF PERSONNEL ACTION**

1. SERIAL NUMBER 027830		2. NAME (LAST-FIRST-MIDDLE) Knaulge, B. J.	
3. NATURE OF PERSONNEL ACTION RESIGNATION		4. EFFECTIVE DATE MO DA YR 04 25 64	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V X	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE 4132 2001 1000	8. CSC OR OTHER LEGAL AUTHORITY
9. ORGANIZATIONAL DESIGNATIONS DOP/SAS US FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION		10. LOCATION OF OFFICIAL STATION JMWAVE	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0731	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0135:01	16. GRADE AND STEP 12 1	17. SALARY OR RATE 9390
18. REMARKS <div align="right">FILED ON 29 APR 64</div>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 45	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR 05 12 19	26. DATE OF GRADE MO DA YR
27. DATE OF LEI MO DA YR	28. RETIREMENT DATA 1. CSC 2. FICA 3. NONE	29. SPECIAL REFERENCE	30. SEPARATION DATA CODE 180000
31. CORRECTION/CANCELLATION DATA TYPE MO DA YR	32. SECURITY REQ NO	33. SEX	
34. NET. PREFERENCE 0 NONE 1 5 PT 2 10 PT	35. SERV. COMP. DATE MO DA YR	36. LONG. COMP. DATE MO DA YR	37. CAREER CATEGORY 1. YES 2. NO
38. FEGLI / HEALTH INSURANCE CODE 0. WAIVER 1. YES 2. NO	39. HEALTH INS. CODE	40. SOCIAL SECURITY NO	
41. PREVIOUS GOVERNMENT SERVICE DATA 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)	42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1. YES 2. NO	44. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1. YES 2. NO
45. SIGNATURE OR OTHER AUTHENTICATION <div align="left">429-64 41</div>			

FORM 1150  
11-62

Use Previous  
Edition

**SECRET**

28 APR 64

**SECRET**  
Excluded from automatic  
downgrading and  
declassification

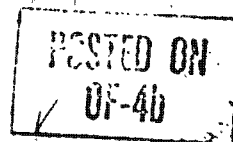
(When Filled In)

SAS

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI  
MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 5 JANUARY 1964.

NAME	SERIAL	ORGN	FUNDS	GR-ST	OLD SALARY	NEW SALARY
[REDACTED]	027630	49	730	CF GS 12 1	\$ 9,475	\$ 9,980

Hedulgo, B. H. Jr.



SECRET  
(When Filled In)

300: 20 DEC 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE) <i>Hidalgo, R. Jr.</i>									
02753											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						12/22/63		REGULAR			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		4132 2001 1000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION						JMWAVE					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS. OFFICER						0731		D			
14. CLASSIFICATION SCHEDULE (GS, LB, PH)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		12 1		9475			
18. REMARKS											
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>30 DEC 63</p> </div>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HIGHER CODE	
22		10		40730 SAS		000-00		2		2	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
05/27/19		12/22/63		12/22/63		05/27/19		12/22/63		12/22/63	
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. CORRECTION CANCELLATION DATA		36. SECURITY REQ NO.	
NO DA YR		1		1 CSC 2 FICA 3 NONE		CODE		TYPE NO DA YR		EOD DATA	
37. VET PREFERENCE		38. SERV COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEGLI / HEALTH INSURANCE		42. SOCIAL SECURITY NO.	
CODE 1 NONE 2 5 PT 3 10 PT		NO DA YR		NO DA YR		CODE 1 YES 2 NO		CODE 1 YES 2 NO		HEALTH INS CODE	
43. PREVIOUS GOVERNMENT SERVICE DATA				44. LEAVE CAT CODE		45. FEDERAL TAX DATA				46. STATE TAX DATA	
CODE 1 NO PREVIOUS SERVICE 2 NO BREAK IN SERVICE 3 BREAK IN SERVICE (LESS THAN 1 YEAR) 4 BREAK IN SERVICE (MORE THAN 1 YEAR)				CODE 1 YES 2 NO		CODE 1 YES 2 NO				CODE 1 YES 2 NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>12/27/63 K</p> </div>											

FORM 11-62 1150

Use Previous Edition

SECRET

20 DEC 1963

11/10/63  
EXEMPTED FROM AUTOMATIC  
DOWNGRADING AND  
DECLASSIFICATION

(When Filled In)

SECRET  
(When Filled In)

LLG: 25 APRIL 63

OAB NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 037630		2. NAME (LAST FIRST MIDDLE) HARRIS, W. H. JR.									
3. NATURE OF PERSONNEL ACTION EXCEPTED APPOINTMENT CAREER PROVISIONAL						4. EFFECTIVE DATE MO DA YR 04 29 63		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		7. V TO V		8. V TO CF		9. COST CENTER NO. CHARGEABLE		10. CSC OR JIN-R LEGAL AUTHORITY			
CF TO V		X		CF TO CF		3132 2001 1000		50 USC 403 J			
11. ORGANIZATIONAL DESIGNATIONS DDP SPECIAL AFFAIRS STAFF U. S. FIELD FORWARD OPERATIONS STATION-JMWAVE CI SECTION						12. LOCATION OF OFFICIAL STATION JMWAVE					
13. POSITION TITLE OPS OFFICER						14. POSITION NUMBER 0732		15. SERVICE DESIGNATION 0			
16. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				17. OCCUPATIONAL SERIES 0136.01		18. GRADE AND STEP 11 4		19. SALARY OR RATE 8840			
20. REMARKS <div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">           POSTED ON 21-07-63 6 MAY 1963         </div> </div>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
21. ACTION CODE 13		22. EMPLOY CODE 10		23. OFFICE CODING NUMERIC ALPHABETIC 61730 SAS		24. STATION CODE 99999		25. INTEGRITY CODE 2		26. DATE OF BIRTH MO DA YR 05 27 19	
27. DATE OF GRADE MO DA YR 03 17 58		28. DATE OF LEI MO DA YR 09 16 62		29. NTE EXPIRES MO DA YR		30. SPECIAL REFERENCE		31. RETIREMENT DATA 1. LBC 2. FICA 3. NONE CODE 1		32. SEPARATION DATA CODE	
33. CORRECTION/CANCELLATION DATA TYPE MO DA YR		34. SECURITY REQ NO 27630		35. SEX MI		36. VET. PREFERENCE CODE 0 0 NONE 1 5 YRS 2 10 YRS		37. SERV. COMP. DATE MO DA YR 07 16 46		38. LONG. COMP. DATE MO DA YR 03 17 58	
39. CAREER CATEGORY CODE 0 0 NONE 1 5 YRS 2 10 YRS		40. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO 0		41. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO 0		42. SOCIAL SECURITY NO		43. SIGNATURE / HEALTH INSURANCE		44. SIGNATURE / HEALTH INSURANCE	
45. PREVIOUS GOVERNMENT SERVICE DATA CODE 1 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (LESS THAN 1 YR) 3 BREAK IN SERVICE (MORE THAN 1 YR)		46. LEAVE CAT. CODE 8		47. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO 0		48. STATE TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS 1 YES 2 NO 0		49. SOCIAL SECURITY NO		50. SIGNATURE / HEALTH INSURANCE	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <p>FORM 1150 11-62</p> <p>Use Previous Edition</p> </div> <div> <p>SECRET 25 APR 1963</p> </div> <div> <p>POSTED 15/05/63 WK</p> </div> </div>											

FORM 1150  
11-62

Use Previous  
Edition

SECRET 25 APR 1963

14-011  
14-011  
14-011  
14-011

(When Filled In)



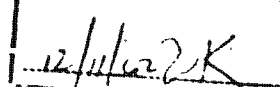
**SECRET**  
(When Filled In)

RZR: 25 APR 63

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
027630		HIDALCO E N JR									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
RESIGNATION						04 27 63		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. ESC OR OTHER LEGAL AUTHORITY							
X		3232 1000 1000									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/SPECIAL AFFAIRS STAFF FI/CI BRANCH						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						0692		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			11 4			8940		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATUS CODE		23. INTEGREE CODE		24. ADDRESS CODE	
45		10									
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
05 27 19											
31. DATE OF BIRTH		32. DATE OF GRADE		33. DATE OF LEI		34. DATE OF BIRTH		35. DATE OF GRADE		36. DATE OF LEI	
37. DATE OF BIRTH		38. DATE OF GRADE		39. DATE OF LEI		40. DATE OF BIRTH		41. DATE OF GRADE		42. DATE OF LEI	
43. DATE OF BIRTH		44. DATE OF GRADE		45. DATE OF LEI		46. DATE OF BIRTH		47. DATE OF GRADE		48. DATE OF LEI	
49. DATE OF BIRTH		50. DATE OF GRADE		51. DATE OF LEI		52. DATE OF BIRTH		53. DATE OF GRADE		54. DATE OF LEI	
55. DATE OF BIRTH		56. DATE OF GRADE		57. DATE OF LEI		58. DATE OF BIRTH		59. DATE OF GRADE		60. DATE OF LEI	
61. DATE OF BIRTH		62. DATE OF GRADE		63. DATE OF LEI		64. DATE OF BIRTH		65. DATE OF GRADE		66. DATE OF LEI	
67. DATE OF BIRTH		68. DATE OF GRADE		69. DATE OF LEI		70. DATE OF BIRTH		71. DATE OF GRADE		72. DATE OF LEI	
73. DATE OF BIRTH		74. DATE OF GRADE		75. DATE OF LEI		76. DATE OF BIRTH		77. DATE OF GRADE		78. DATE OF LEI	
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97. DATE OF BIRTH		98. DATE OF GRADE		99. DATE OF LEI		100. DATE OF BIRTH		101. DATE OF GRADE		102. DATE OF LEI	
103. DATE OF BIRTH		104. DATE OF GRADE		105. DATE OF LEI		106. DATE OF BIRTH		107. DATE OF GRADE		108. DATE OF LEI	
109. DATE OF BIRTH		110. DATE OF GRADE		111. DATE OF LEI		112. DATE OF BIRTH		113. DATE OF GRADE		114. DATE OF LEI	
115. DATE OF BIRTH		116. DATE OF GRADE		117. DATE OF LEI		118. DATE OF BIRTH		119. DATE OF GRADE		120. DATE OF LEI	
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247. DATE OF BIRTH		248. DATE OF GRADE		249. DATE OF LEI		250. DATE OF BIRTH		251. DATE OF GRADE		252. DATE OF LEI	
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349. DATE OF BIRTH		350. DATE OF GRADE		351. DATE OF LEI		352. DATE OF BIRTH		353. DATE OF GRADE		354. DATE OF LEI	
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379. DATE OF BIRTH		380. DATE OF GRADE		381. DATE OF LEI		382. DATE OF BIRTH		383. DATE OF GRADE		384. DATE OF LEI	
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391. DATE OF BIRTH		392. DATE OF GRADE		393. DATE OF LEI		394. DATE OF BIRTH		395. DATE OF GRADE		396. DATE OF LEI	
397. DATE OF BIRTH		398. DATE OF GRADE		399. DATE OF LEI		400. DATE OF BIRTH		401. DATE OF GRADE		402. DATE OF LEI	
403. DATE OF BIRTH		404. DATE OF GRADE		405. DATE OF LEI		406. DATE OF BIRTH		407. DATE OF GRADE		408. DATE OF LEI	
409. DATE OF BIRTH		410. DATE OF GRADE		411. DATE OF LEI		412. DATE OF BIRTH		413. DATE OF GRADE		414. DATE OF LEI	
415. DATE OF BIRTH		416. DATE OF GRADE		417. DATE OF LEI		418. DATE OF BIRTH		419. DATE OF GRADE		420. DATE OF LEI	
421. DATE OF BIRTH		422. DATE OF GRADE		423. DATE OF LEI		424. DATE OF BIRTH		425. DATE OF GRADE		426. DATE OF LEI	
427. DATE OF BIRTH		428. DATE OF GRADE		429. DATE OF LEI		430. DATE OF BIRTH		431. DATE OF GRADE		432. DATE OF LEI	
433. DATE OF BIRTH		434. DATE OF GRADE		435. DATE OF LEI		436. DATE OF BIRTH		437. DATE OF GRADE		438. DATE OF LEI	
439. DATE OF BIRTH		440. DATE OF GRADE		441. DATE OF LEI		442. DATE OF BIRTH		443. DATE OF GRADE		444. DATE OF LEI	

ARM: 20 NOV 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
027630		HICALGO B N JR										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT						11 20 62		REGULAR				
6. FUNDS						7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY				
X						3232 1000 1000		50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDP TASK FORCE "W" FI-CI BRANCH						WASH., D. C.						
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
CPS OFFICER						0682		D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS				0136.01		11 4		8840				
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. MAJORITY CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEL	
37	10	NUMERIC	ALPHABETIC	75013		1	MO	DA	YR	MO	DA	YR
							05	27	19			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SER.
MO	DA	YR		1. CSC	2. PICA	3. NONE		TYPE	MO	DA	YR	
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEGLI - HEALTH INSURANCE		40. SOCIAL SECURITY NO		
CODE	0. NONE 1. 5 YR 2. 10 YR	MO	DA	YR	MO	DA	YR	CODE	CODE	0. WAIVER 1. YES 2. NO	HEALTH INS. CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT		43. FEDERAL TAX DATA		44. STATE TAX DATA				
CODE	0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)			CODE	ADJUDICATED CODE	NO TAX EXEMPTIONS		FORM EXECUTED		CODE	NO TAX EXEMP	STATE CODE
					1. YES 2. NO			1. YES 2. NO				
SIGNATURE OR OTHER AUTHENTICATION												
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>POSTED</b>   </div>												

FORM 462 1150

Use Previous Edition

SECRET

1227  
Include this address  
on all forms and  
reports

(When Filled In)

14-011

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND  
 DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,  
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GRST SALARY	NEW GRST SALARY
HIDALGO B N JR	027630	64075	V 11 4	\$ 8340	\$ 8840

235-1000

1 Serial No		2 Name		3 Cost Center Number		4 LWOP Hours	
027630		HIDALGO B N JR		64 075 V 1			
5 OLD SALARY RATE				6 NEW SALARY RATE			
Grade	Step	Salary	Last EM Date	Grade	Step	Salary	Effective Date
S 11 3		\$ 8,080	03/19/61	S 11 4		\$ 8,340	09/16/62
7 TYPE ACTION							
8 Remarks and Authorization / / NO EXCESS LWOP / / EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / IN LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>INC</i> AUDITED BY <i>[Signature]</i> PAY CHANGE NOTIFICATION							

AES: 17 JAN 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																							
OCF																							
1. SERIAL NUMBER: 2. NAME (LAST-FIRST-MIDDLE)																							
027630 HIDALGO B N JR																							
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT															
REASSIGNMENT						01 17 62		REGULAR															
6. FUNDS						7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY															
X V TO V						2235 1000 1000		50 USC 403 J															
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION																	
DDP WH PLANS & OPERATIONS STAFF SECTION A						WASH., D.C.																	
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION															
OPS OFFICER						0641		D															
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE															
GS				0136.01		11 3		8080															
18. REMARKS																							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																							
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRAL CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI							
37		10		64075 WH		75013		1		05 27 19													
28. DTE EXPIRES				29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA				33. SECURITY REQ NO		34. SER							
										EOD DATA													
35. VET PREFERENCE				36. SERV COMP DATE				37. LONG COMP DATE				38. MIL SERV CREDIT/LEO				39. FEGLI/HEALTH INSURANCE				40. SOCIAL SECURITY NO			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT				43. FEDERAL TAX DATA				44. STATE TAX DATA											
SIGNATURE OR OTHER AUTHENTICATION																							
<div style="text-align: right;">1/18/62 gm</div>																							

Form 861 1150

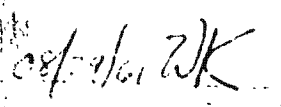
Use Previous Edition

SECRET

14-811

ARE: 18 AUG 1961

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
027630		HIDALGO B N JR							
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS					08 20 61		REGULAR		
6. FUNDS		7. COST CENTER NO CHARGEABLE		8. CODE OR OTHER LEGAL AUTHORITY					
X		2635 5000 8021		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION				
DOP WH BRANCH 4 FI CI SECTION					WASH., D. C.				
11. POSITION TITLE					12. POSITION NUMBER		13. CAPTER SERVICE DESIGNATION		
OPS OFFICER					0681		D		
14. CLASSIFICATION (GENERAL, SPECIAL, etc.)			15. GRADE AND STEP		16. SALARY OR RATE				
GS			0136.01		11 3 8060				
17. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
18. ACTION CODE		19. OFFICE CODING		20. STATION CODE		21. INTERCEE CODE		22. DATE OF BIRTH	
16 10		64450 WH		75013		1		05 27 19	
23. NTE EXPIRES		24. SPECIAL REFERENCE		25. RETIREMENT DATA		26. SEPARATION DATA CODE		27. CORRECTION/CANCELLATION DATA	
NO DA 10		1 - LSC 2 - PICA 3 - NONE		CODE		TYPE NO DA 10		EOD DATA	
28. NET PREFERENCE		29. SERV COMP DATE		30. LONG COMP DATE		31. MIL SERV CREDIT/LED		32. PEGEL / HEALTH INSURANCE	
CODE 0 - NO P 1 - P 2 - P		NO DA 10		NO DA 10		CODE 0 - YES 1 - NO		CODE 0 - YES 1 - YES	
33. PREVIOUS GOVERNMENT SERVICE DATA				34. LEAVE CAT				35. STATE TAX DATA	
CODE 0 - NO PREVIOUS SERVICE 1 - NO DATA IN SERVICE 2 - DATA IN SERVICE (LESS THAN 12 MOS) 3 - DATA IN SERVICE (MORE THAN 12 MOS)				CODE 0 - YES 1 - YES 2 - NO				CODE 0 - YES 1 - YES 2 - NO	
36. SIGNATURE OR OTHER AUTHENTICATION									
<div style="text-align: right;">           08/20/61 WK       </div>									

**SECRET**  
(When Filled In)

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours					
527630		HIDALGO R N JR		DDP/WH 3A UV							
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION			
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ	
GS	11	2	7,820	09/20/59	11	3	8,040	04/19/61			
8. Remarks and Authentication											
<p>NO EXCESS LWOP</p> <p>IN PAY STATUS AT END OF WAITING PERIOD</p> <p>IN LWOP STATUS AT END OF WAITING PERIOD</p> <p align="center"><b>ENCLOSURE</b> WK</p> <p align="center"><b>PAY CHANGE NOTIFICATION</b></p>											

Form 560

Obsolete Previous Edition

**SECRET**

(C 34)

L-1

**SECRET**  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

**ADPD 09/21/64**

1. NPA NUMBER

**027630**

2. NAME (Last, First, Middle)

**MICALGO R N JR**

3. NATURE OF PERSONNEL ACTION

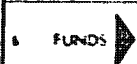
**CONV. TO CAREER EMPLOYEE STATUS**

4. EFFECTIVE DATE

**03 17 61**

5. CATEGORY OF EMPLOYMENT

6. FUNDS



**X**

V TO V

V TO G

(I TO V

G TO U

7. COST CENTER NO. (CHARGEABLE)

**4232 1990 1000**

8. CN OR OTHER LEGAL AUTHORITY

9. ORGANIZATIONAL DESIGNATION

**DDP/SAS**

10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE

12. POSITION NUMBER

13. CAREER GRADE DESIGNATION

**U**

14. CLASSIFICATION SCHEDULE (GS, GS, GS)

15. OCCUPATIONAL SERIES

16. GRADE AND STEP

17. SALARY OR RATE

18. REMARKS

SIGNATURE OR OTHER AUTHENTICATION:

*[Handwritten Signature]*

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-566 AND DCI MEMO DATED  
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SO	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
D	HIDALGO B N JR	527630	46 17	GS-11 2	\$ 7,270	\$ 7,820

/S/

EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL



SECRET

AES: 24 JUNE 1960										NOTIFICATION OF PERSONNEL ACTION									
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Sex		5. SSN		6. CS-FOO						
527630		HIDALGO B N JR				Mo. 05, Da. 27, Yr. 19			Male		M 1		Mo. 03, Da. 17, Yr. 58						
7. SCID		8. CSC Permit		9. CSC Or Other Legal Authority		10. Appt. Affidvt			11. FEGLI		12. LPS		13. Elected						
Mo. 07, Da. 16, Yr. 46		No. 1, Code 1		50 USCA 403		Mo. , Da. , Yr.			No. 1, Code 03		Mo. 03, Da. 17, Yr. 58		No. 2, Code 2						

## PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDS OTR OPERATIONS SCHOOL COVERT TRAINING				1172		WASH., D. C.				75013	
16. Duty Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept. - 1, Code 3		INSTRUCTOR OPERS		1014		02		1711.50			
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Date		26. Appropriation Number	
11 2		\$ 7270		D		Mo. 03, Da. 17, Yr. 58		Mo. 09, Da. 20, Yr. 59		9 7500 30 018	

## ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT		57		Mo. 04, Da. 24, Yr. 60		REGULAR		01			

## PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 4				4617		WASH., D. C.				75013	
33. Duty Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. - 1, Code 1		OPS OFFICER		0626		05		0136.01			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Date		43. Appropriation Number	
11 2		\$ 7270		D		Mo. 03, Da. 17, Yr. 58		Mo. 03, Da. 19, Yr. 60		0135 1000 1000	

44. Remarks

06-27-60 J.K.

**SECRET**  
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED GRADE		4. FORCE		5. ALLOTMENT	
527630		HIDALGO B H JR		DJS/TRNG 21		UV			
6. OLD SALARY RATE				7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE
GS 11	1	\$ 7,000	03	17	56	GS 11	2	\$ 7,270	09 20 59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER									
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP					9. NUMBER OF HOURS LWOP				
IF EXCESS LWOP, CHECK FOLLOWING: <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD					10. INITIALS OF CLERK				
11. AUTHORIZED BY					11. AUTHORIZED BY				
TO BE COMPLETED BY THE OFFICE OF PERSONNEL									
12. PROJECTED SALARY RATE AND EFFECTIVE DATE					13. REMARKS				
GRADE	STEP	SALARY	01	26	58	L 756.			
14. AUTHENTICATION									
<p align="center"><b>SECRET</b></p> <p align="right">FLX 9/2/59 MC 4/6/59 VIV</p>									
PERIODIC STEP INCREASE - AUTHENTICATION									

FORM 560a

SECRET

PERSONNEL FOLDER

SECRET

JEC:12 JUNE 59												NOTIFICATION OF PERSONNEL ACTION											
1. Serial No.			2. Name (Last-First-Middle)						3. Date Of Birth			4. Vet. Pref.		5. Sex		6. CSC: PSC							
527630			HIDALGO B N JR						Mo. Da. Yr. 05 27 19			Non-O 5 Pt-1 10 Pt-2		M 1		Mo. Da. Yr. 03 17 58							
7. SCD			8. CSC Reas.			9. CSC Or Other Legal Authority			10. Appr. Allotm.			11. FEGLI		12. LCB		13. Term Code							
Mo. Da. Yr. 07 16 46			Yes-1 No-2			Code 1 50 USCA 403.8			Mo. Da. Yr. 07 16 46			Yes-1 No-2		Code 1 03 17 58		Yes-1 No-2							

## PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
DDP WH BRANCH 1P1 CENTRAL AMERICA SECTION				4613		WASH., D.C.				75013	
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.		20. Occup. Series			
Dept. - 1 Field - 3 Fgn. - 5		Code 2 AREA OPS OF		0486		GS		0136.01			
21. Grade & Step		22. Salary Or Rate		23. SO		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
11 1		\$ 7030		0		Mo. Da. Yr. 03 17 58		Mo. Da. Yr. 09 20 57		8 3500 20	

## ACTION

27. Feature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
REASSIGNMENT TRANSFER TO CONFIDENTIAL FUNDS		05		Mo. Da. Yr. 06 14 59		REGULAR		01			

## PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDS OTR OPERATIONS SCHOOL COVERT TRAINING				1172		WASH., D. C.				75013	
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.		37. Occup. Series			
Dept. - 1 Field - 3 Fgn. - 5		Code 3 INSTRUCTOR EXPERS		1914		GS		1711.50			
38. Grade & Step		39. Salary Or Rate		40. SO		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11 1		\$ 7030		0		Mo. Da. Yr. 03 17 58		Mo. Da. Yr. 09 20 57		9 7500 20 018	

44. Remarks

POSTED

CP

## S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE  
 12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI  
 DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
HIDALGO R N JR	127630	GS-11-1	\$ 6,390	\$ 7,030

GORDON M. STEWART  
 /S/ DIRECTOR OF PERSONNEL

S E C R E T

(When Filled In)

## NOTIFICATION OF PERSONNEL ACTION

LVL 16 MAY 58

1. Serial No.			2. Name (Last-First-Middle)			3. Date Of Birth			4. Vac. Prod.			5. Sex			6. CS - EOD					
127630			BALMES N. HIDALGO, JR.			Mo. Da. Yr.			None-0 5 Pt-1 10 Pt-2			Code			Mo. Da. Yr.					
			HIDALGO B N JR			05 27 19			1			M 1			03 17 58					
7. SCD			8. CSC Reem.			9. CSC Or Other Legal Authority			10. Appt. Affid.			11. FECL			12. LCD			13. <sup>14. Other</sup> <sub>15. Other</sub>		
Mo. Da. Yr.			Yes-1 No-2			Code			Mo. Da. Yr.			Yes-1 No-2			Code			Mo. Da. Yr.		
07 16 86			1			50 USCA 203.4			03 13 58			1			03 17 58			2		

### PREVIOUS ASSIGNMENT

14. Organizational Designations			Code		15. Location Of Official Station			Session Code	
16. Dept. - Field			17. Position Title			18. Position No.		19. Serv. & J. Occup. Serv. as	
Dept. - 2 USMld. - 4 Frgn. - 6		Code							
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due	
		\$				Mo. Da. Yr.		Mo. Da. Yr.	
								26. Appropriation Number	

## ACTION

27. Nature Of Action	Code	28. EP Data	29. Type Of Employee	Code	30. Separation Data
EXCEPTEED APPOINTMENT CORRECTION*	13	Mo. Da. Yr. 03 17 58	REGULAR	01	

### PRESENT ASSIGNMENT

31. Organizational Designations			Code		32. Location Of Official Station		33. Station Code	
DDP WH BRANCH 111 CENTRAL AMERICA SECTION			4613		WASH., D.C.		75013	
34. Dept. - Field		34. Position Title			35. Position No		36. Serv. 37. Occas. Series	
Deta. - 9 Unbid. - 4 Emp. - 0		Code			0436		GS 0136.01	
38. Grade & Step		39. Salary Or Rate		40. SF		41. Date Of Grade		42. PSI Due
11 1		\$ 6300		0		13 117 158		100 122 159
43. Appropriation Number		44. Remarks						
8 5547 25		<p>*THIS ACTION CORRECTS SF 1150 EFF 17 MAR 58, ITEM #2, THE NAME, WICHEN BLAD BALMES N. HIDALGO TO READ BALMES N. HIDALGO, JH.</p>						

**SECRET**  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION														
LVL 17 MAR 58														
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vol. Prof.		5. Sex		6. CS - EOD	
127630		BALMES N. HIDALGO HIDALGO BALMES N				Mo. Da. Yr. 05 27 19			None-0 5 Pt-1 10 Pt-2 1		M 1		Mo. Da. Yr. 03 17 58	
7. SCD		8. CSC Permit		9. CSC Or Other Legal Authority		10. Apmt. Affidav.			11. FEGLI		12. LCD		13. Mil. Serv. Credit	
Mo. Da. Yr. 07 16 56		Yes-1 No-2 1		50 USCA 403		Mo. Da. Yr. 03 13 58			Yes-1 No-2 1		Mo. Da. Yr. 03 17 58		Yes-1 No-2 2	

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code		15. Location Of Official Station				Station Code	
16. Post - Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept - 8 USMld - 4 Frgh - 5											
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade		25. PSI Due		26. Appropriation Number	
		\$				Mo. Da. Yr.		Mo. Da. Yr.			

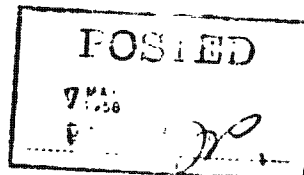
**ACTION**

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Data	
EXCEPTED APPOINTMENT		13		03 117 158		REGULAR		01			

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code		32. Location Of Official Station				Station Code	
DDP WH BRANCH 111 CENTRAL AMERICA SECTION				4613		WASH., D.C.				75013	
33. Dept - Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept - 8 USMld - 4 Frgh - 6		AREA OPS OF				0486		US		0136.01	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade		42. PSI Due		43. Appropriation Number	
11 1		\$ 6200		D		Mo. Da. Yr. 03 117 158		Mo. Da. Yr. 09 120 158		8 3500 20	

44. Remarks



FITNESS RPTS  
1966 - 1969

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) HIDALGO, RAFAEL, JR.			2. DATE OF BIRTH 27 May 1919	3. SEX M	4. GRADE GS-12
5. OFFICIAL POSITION TITLE Ops Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/ F/O	8. CURRENT STATION Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to) 15 March - 31 October 1965		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Headquarters desk officer responsible for the support of Miami Station CI/CE activities and operations.					P
SPECIFIC DUTY NO. 2 Advisor to various components of the WH and WE Divisions on Cuban operations with specific reference to the Cuban Security Intelligence Service, organization, modus operandi and					S
SPECIFIC DUTY NO. 3 Briefing representatives of personnel foreign liaison services and selected agents visiting in Washington on the Cuban Security and Intelligence Services and his own unique experience in the Communist Party.					S
SPECIFIC DUTY NO. 4 Translator/interpreter: Served as consultant to WH Division on Cuban Spanish.					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S
4 JAN 1966					



SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B. Provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Hidalgo is an able intelligence officer, devoted to his profession and selfless in his desire to be of service to the Government. Although he has suffered ill health in recent years, he was insistent that he be among the first to be sent to the Dominican Republic when the crisis occurred.</p>			
<p>An intense person, Mr. Hidalgo is industrious, works well under pressure and sets high standards for his performance. Because he is intent on getting things done, he is occasionally hasty in judgment and in written presentation of the results of his research and conclusions. He is perceptive, quickly accepts suggestions and offers counter-proposals with cogent argument. Mr. Hidalgo was not in a supervisory capacity. He was cost conscious; always endeavoring to be conservative where possible.</p>			
<p>He is an effective and cooperative member of an office, ready to assume responsibility and to help his colleagues. Thanks to his unique experience on the Cuban target, he has wide knowledge of the Cuban problem and is, in fact, an expert on the Cuban Security and Intelligence Services.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
9 December 1965	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
8 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO/FI-CI	<i>[Signature]</i> Susan L. Darling	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I concur with the supervisor's assessment of Mr. Hidalgo with <del>one</del> exception to the statement that Subject works well under pressure. He is indeed an intense person and, under great pressure, his involvement affects his performance; and even more important, it has a very bad effect on his health. With this consideration noted, the undersigned thinks very highly of Mr. Hidalgo and would be pleased to be associated with him again.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
9 December 1965	C/WH/C/MO	Walter T. Cini <i>[Signature]</i>	

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				027630			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE	5. SD
HIDALGO, Balmes N.			27 May 1919		M	12	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			DDP/SAS		Washington		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
31 January 1965			9 April 1964--15 March 1965				
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Participated (with other WH/SA/CI officers) in the handling and debriefing of a defected intelligence officer housed in the Headquarters area.						RATING LETTER S	
SPECIFIC DUTY NO. 2 Served as Headquarters desk case officer for several counterintelligence operations--prepared cables, dispatches, and memoranda pertaining to these operations.						RATING LETTER P	
SPECIFIC DUTY NO. 3 Assisted in translations and preparation of operational documents in Spanish (s/w messages, cover letters, owl messages, etc.).						RATING LETTER S	
SPECIFIC DUTY NO. 4 Served as case officer for a counterintelligence operation (the agent was located [redacted]) which included the debriefing, assessing, training, and dispatching of the agent to a denied area (Cuba).						RATING LETTER P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							S
29 MAR 1965							

## SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described if applicable.</p>			
<p>Mr. Hidalgo's fluent knowledge of Cuban Spanish, his previous experience in DD/P Cuban operations, and his broad knowledge of Cuba (people, geography, customs, etc.) made him a particularly useful and versatile operations officer during his assignment in the WH/SA counterintelligence operations section. As indicated in Section B, (specific duties) he performed a wide variety of duties.</p>			
<p>Mr. Hidalgo approached and performed his assignments with enthusiasm, keenness, dedication, and promptness. He displayed a particular talent for conducting debriefings, and it was in this type activity that he performed best. He also writes well which added to his debriefing capability as well as to his performance as a Headquarters desk operations officer in writing cables, dispatches, niempranda, etc. Mr. Hidalgo is cost conscious and effective in the use of space, equipment and funds. He does not hold a supervisory position.</p>			
<p>Mr. Hidalgo performed most of his duties with a minimum of supervision. In a few instances, however, he had a tendency (in his eagerness and desire to get the job done well) to become impatient with the slow and deliberate pace of progress which is sometimes necessary in operational activities. In these few instances, Mr. Hidalgo's work required supervision by a senior operations officer.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1.		BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	23 March 65	SIGNATURE OF EMPLOYEE	
2.		BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	11 Months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	23 March 1965	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
		WH/SA/CI/COPS	Richard Tansing
3.		BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Hidalgo is a sound operations officer with native fluency in Spanish. His impatience is with administrative delays rather than with operational problems which he understands fully and handles well. He has had problems with his health but these largely have been overcome and in the past 9 months have not impeded his operational usefulness. As of the date of this fitness report, he appears fully capable of handling any CI or FI operation assigned to him.</p>			
DATE	23 March 65	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
		C WH/SA CI (WH/C/SP)	Harold F. Swenson

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				027630	
<b>SECTION A GENERAL</b>					
1. NAME (Last) (First) (Middle) [REDACTED] [REDACTED] [REDACTED]			2. DATE OF BIRTH 27 May 1919	3. SEX Male	4. GRADE GS-11
5. OFFICIAL POSITION TITLE OPS OFFICER			7. OFF/DIV/BR OF ASSIGNMENT IDP/S.A.S.	8. CURRENT STATION JMWAVE	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 6 May 1963 to 5 September 1963		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 To effect security screenings of PBRUMEN refugees arriving in the JMWAVE area from PBRUMEN in joint collaboration with ODENVY representatives.					RATING LETTER S
SPECIFIC DUTY NO. 2 To interrogate PBRUMEN security suspects, surfaced by the above screenings and other means, in conjunction with representatives of the KUJUMP interrogation center [REDACTED] DEB					RATING LETTER S
SPECIFIC DUTY NO. 3 To supervise the interrogation efforts of three KUJUMP interrogators connected with the JMWAVE/KUJUMP KUDESC debriefing program.					RATING LETTER P
SPECIFIC DUTY NO. 4 To prepare and present to his immediate supervisor completed interrogation reports.					RATING LETTER P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<div style="border: 1px solid black; padding: 5px; display: inline-block;">             POSTED BY              [Signature]              27 SEP 1963           </div>					
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in mind their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for promotion. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>The person being rated is a conscientious devoted <sup>SEP 26 2 00 PM '63</sup> <del>2 00 PM '63</del> <sup>NAUR</sup> <del>2 00 PM '63</del> who has demonstrated an extraordinary ability to get along with his co-workers and other ODYOKE representatives with whom he is collaborating. He receives his assignments cheerfully and with enthusiasm and approaches all of his tasks with great zeal. He devotes an inordinate amount of his own personal time to his duties in an effort to achieve perfection and sets very high standards for his own performance. The person being rated speaks native Spanish and is able to accomplish all of his interrogations in Spanish. This ability is a great asset to him in his work and redounds in benefits to the KUDESK effort of the Station.</p> <p>The person being rated is an accomplished interrogator and thus receives very little guidance in his work. His ability to trap security suspects in contradictions is unique and is paying dividends in the WAVE KUDESK field of endeavor. He has shown mature judgment in the handling of complex security cases, balance in appraising the interrogation results and in recommending disposal action, and proficiency in the preparation of his interrogation reports. He is currently supervising the interrogation activities of three KUJUMP interrogators <del>and</del> and has shown an ability in establishing personal rapport with these interrogators and proficiency in directing their activities. It is recommended from the standpoint of his career development that after the completion of his current assignment, the person being rated be moved into an assignment involving the handling of agents in the KUDESK field of effort.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
4 months	At time preparation this report employee was on TDY Hqs and leave. Will be shown him upon return.		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
4 September 1963	Chief, CI Branch, JMWAVE	/s/ Neil T. PICKWORTH (signed in pseudo on Fld. Trans.)	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Subject is a hard working, dedicated, productive intelligence officer who has completely mastered those basic tools of the trade which are needed in CI activities. Subject has and uses native Spanish language fluency. Subject's performance during the period covered by this fitness report warrants an overall evaluation of "Strong." As a result, it is believed that Subject is a well-qualified journeyman who has earned a promotion to the grade of GS-12. Subject is strongly recommended for promotion to the grade of GS-12. Subject has additional growth potential as an intelligence officer. Subject's activities come to the attention of the Reviewing Officer on a bi-weekly basis.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
18 September 1963	Chief of Station, JMWAVE	/s/ Andrew K. REUTEMAN (signed in pseudo on Fld. Trans.)	

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
HIDALGO, BALMES			27 May 1919	M	GS-11 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Ops Officer			DDP WH P&O SEC A.		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
CAREER RESERVE TEMPORARY			INITIAL ANNUAL REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE		
CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify):		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
30 October 1962			17 Jan 62 - 30 Sep 62		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Responsible for initiation and development of WH Division durable assets program.					P
SPECIFIC DUTY NO. 2					RATING LETTER
Collate and maintain files on espionage laws of LA countries.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Served as interpreter and translator for Division LA contacts.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Coordinated with Branch 1 of WHD on FI and CI matters.					P
SPECIFIC DUTY NO. 5					RATING LETTER
Gives lectures as guest instructor to students attending School of International Communism.					S
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

SECRET

(When Filled In)

## SECTION C

## NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for holding, promotion, or foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Hidalgo joined WH/PO/A in November 1961 and took up those responsibilities listed above. However, Mr. Hidalgo's performance of duties was interrupted on two occasions by serious illness, 9-27 March and 15 April-31 May 1962. He was twice hospitalized. From 25 June-9 August 1962, Mr. Hidalgo was on TDY for WH/3 as escort officer for Latin American trainees. Although beset by health and other personal problems, Mr. Hidalgo seized upon each new assignment with his customary energy. He proved particularly adept in working as interpreter and escort officer for Latin American trainees, and demonstrated high interest and proven competence in counterintelligence work. His excellent memory and quick perception were distinct assets in these undertakings.

It is recommended, however, that Mr. Hidalgo's next assignment not carry responsibility for submission of finished papers or staff studies, but be one entailing duties commensurate with his ability to work effectively with indigenous personnel and to pursue CI leads through records investigation.

## SECTION D

## CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 18 Sept 62	SIGNATURE OF EMPLOYEE <i>Albert L. Hidalgo</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 18 September 1962	OFFICIAL TITLE OF SUPERVISOR C/WH/PO/A	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i>
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I have had insufficient personal contact with Subject to make any meaningful comments.		
DATE 13 September 1962	OFFICIAL TITLE OF REVIEWING OFFICIAL C/WH/OPS	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i>

SECRET

S E C R E T  
(When Filled In)

CERTIFICATION OF SEPARATING EMPLOYEE

Name (Last-First-Middle)

Hidalgo, Balmeo

MEMORANDUM FOR THE RECORD - ATTACH TO OFFICIAL PERSONNEL FOLDER

I hereby acknowledge the receipt of the following forms and/or information concerning my separation from CIA as indicated by check mark:

- |   |   |
|---|---|
| ✓ | 1. Standard Form 8 (Notice to Federal Employee about Unemployment Compensation).  |
| ✓ | 2. Standard Form 55 (Notice of Conversion Privilege, Federal Employees' Group Life Insurance). <i>N.A.</i>  |
|   | 3. Standard Form 55 (Agency Certification of Insurance Status, Federal Employers' Group Life Insurance Act of 1954).  |
| ✓ | 4. Standard Form 2802 (Application for Refund of Retirement Deductions).<br><i>Medical Disability</i>   |
| ✓ | 5. Form 2595 (Authorization for Disposition of Paychecks).<br><i>NO CHANGE</i>  |
|   | 6. Applicable to returnee (resignee from overseas assignment).<br>I have been advised of my right to have a medical examination before my separation from this Agency and of the importance of such a medical check to my health and well-being.<br><input type="checkbox"/> Appointment arranged with Office of Medical Services.<br><input type="checkbox"/> Appointment for Office of Medical Services examination declined. |
|   | 7. I have been informed of "conflict of interests" policy of the Agency and foresee no problem in this regard concerning my new employment.   |
|   | 8. Form 71 (Application for Leave).   |
|   | 9. CSC Pamphlet 51 (Re-employment Rights of Federal Employees Performing Armed Forces Duty).  |
|   | 10. Instructions for returning to duty from Extended Leave or Active Military Service.  |

Signature of Employee

*[Signature]*

Date Signed

*Feb 27, 1970*

Address (Street, City, State, Zip Code)

*403 SILVER ROCK RD ROCKVILLE MD 20851*

Correspondence

☒ Overt

☐ Covert

*OR 40 VERMILION HIGHLAND  
X6646*

S E C R E T



**SECRET**

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1 FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in **BOTH COPIES** of the form. Type or use ink.
- Do not detach any part.

**2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last) (first) (middle) DATE OF BIRTH (month, day, year) SOCIAL SECURITY NUMBER  
 McALOU Jr. Barnes Hieves May 27 1919  
 Employee Serial Number 27630  
 EMPLOYING DEPARTMENT OR AGENCY LOCATION (City, State, ZIP Code)

**3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance



**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
OPTIONAL but  
do want  
regular  
insurance



**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance



**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4 SIGN AND DATE IF YOU MARKED BOX "A" OR "C".  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

DATE

13 February 1963

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

OFFICE OF PERSONNEL  
FEB 20 3 30 PM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

**SECRET**

STANDARD FORM NO. 176-1  
JANUARY 1958  
(for use only until April 14, 1968)  
176-101

## APPOINTMENT AFFIDAVITS

**IMPORTANT.**—Before swearing to these appointment affidavits, you should read and understand the attached information for appointee.

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C.

(Department or agency)

(Bureau or division)

(Place of employment)

I, BALMES HIDALGO JR., do solemnly swear (or affirm) that—

### A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

### B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

### C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

### D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

### E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

17 Mar 58

(Date of entrance on duty)

Balme Hidalgo Jr.  
(Signature of appointee)

Subscribed and sworn before me this 13<sup>th</sup> day of March, A. D. 1958.

at Washington,  
(City)

D.C.  
(State)

[SEAL]

Billy A. Bussard 5 Feb 1958  
(Signature of officer)  
Appointment Clerk  
(Title)

NOTE.—If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

## DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

1. PRESENT ADDRESS (street and number, city and State)  
7615 B. T. RICHMOND BLVD. NW - WASH. 16, D. C.

2. (A) DATE OF BIRTH 27 May 1919 (B) PLACE OF BIRTH (city and State or city and foreign country)  
Havana, Cuba

3. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY Louise Howard (B) RELATIONSHIP Wife (C) STREET AND NUMBER, CITY AND STATE \_\_\_\_\_ (D) TELEPHONE NO. \_\_\_\_\_

4. DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☒ NO  
 If so, for each such relative fill in the blank below. If additional space is necessary, complete under item 12.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITIVE (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. RHD (Check one)	SIN. OLE (Check one)
		1. _____			
		2. _____			
		3. _____			
		1. _____			
		2. _____			
		3. _____			
		1. _____			
		2. _____			
		3. _____			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
5. (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA, OR (B) AS A NATIVE OF AMERICAN SAMOA DO YOU OBEY ALLEGIANCE TO THE UNITED STATES OF AMERICA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10. (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ACT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes," give details in item 12.			11. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT:		
7. DO YOU RECEIVE OR HAVE YOU APPLIED FOR AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:		
If your answer is "Yes," give details in item 12.			(1) YOUR CONDUCT WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED, OR HELD BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AUTHORITIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION, OR ORDINANCE TO ANY INCLUDING TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$5 OR LESS WAS IMPOSED? ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes," give in item 12 for each case: (1) approximate date, (2) charge, (3) place, (4) action taken.			B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:		
9. SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U. S. CIVIL SERVICE COMMISSION FROM TAKING EXAMINATIONS OR ACCEPTING CIVIL SERVICE APPOINTMENTS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(1) YOUR CONDUCT WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If your answer is "Yes," give dates of and reasons for such debarment in item 12.			(2) YOUR WORK WAS NOT SATISFACTORY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?		
			If your answer to A, B, or C is "Yes," give details in item 12 as fully as you can remember, including the name and address of employer, approximate date, and reasons in each case.		

12. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS (Indicate item numbers to which answers apply.)

ITEM NO.	ANSWER	ITEM NO.	ANSWER

**INSTRUCTIONS TO APPOINTING OFFICER.**—You must determine that this appointment would be in conformance with the Civil Service Act, applicable Civil Service Rules and Regulations, and acts of Congress pertaining to appointment. This form should be checked for holding of office, pension, any record of recent discharge or arrest, age, citizenship, and members of family. Also, to establish the identity of the appointee, you should particularly check (1) his signature and handwriting against the application and/or other pertinent papers and (2) his physical appearance against the medical certificate.

**SECRET**  
(When Filled In)

110

QUALIFICATIONS UPDATE							
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS							
<p>Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information, however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 444, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13, Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.</p>							
<b>SECTION I BIOGRAPHIC AND POSITION DATA</b>							
EMP. SER. NO.	NAME (Last-First-Middle)				DATE OF BIRTH		
027630	Hidalgo, Balmes N. Jr.				05/27/19		
<b>SECTION II EDUCATION</b>							
<b>HIGH SCHOOL</b>							
LAST HIGH SCHOOL ATTENDED		ADDRESS (City State Country)		YEARS ATTENDED (From To)		GRADUATE	
La Salle Academy		NYC NY		1938-1940		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>COLLEGE OR UNIVERSITY STUDY</b>							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY		SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/GR. HRS. (Specify)
		MAJOR	MINOR				
1. NY University		Comm Law		1943-45	NO		
UNIV of MD		Fire engineering		1968	No Credit Course		
2. Mont Jr College		Real Estate Procedures		1968	No Credit Course		
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.							
<b>TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS</b>							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
Suburban Hospital		Emergency Room procedures		1968		3(?)	
<b>OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE</b>							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1. Non-Com leadership school				1947		?	
<b>SECTION III MARITAL STATUS</b>							
1. PRESENT STATUS (Single Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY. <b>MARRIED</b>							
2. NAME OF SPOUSE		(Last)	(First)	(Middle)	( maiden)		
		HIDALGO	Veronica	Waylonia	Waylonia		
3. DATE OF BIRTH		4. PLACE OF BIRTH (City State Country)					
23 May 14		DuBois, Pa, USA					
5. OCCUPATION		6. PRESENT EMPLOYER					
Train Asst		CIA					
7. CITIZENSHIP		8. FORMER CITIZENSHIP(S) COUNTRY(IES)		9. DATE U.S. CITIZENSHIP ACQUIRED			
US		N/A		Birth			
<b>SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE</b>							
NAME		RELATIONSHIP	DATE AND PLACE OF BIRTH		CITIZENSHIP	PERMANENT ADDRESS	
1. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter	1945 NY: NY		US	Arlington, Va	
2. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter	1950 NYC NY		US	Alexandria Va	
FORM 444n ADD		Mother	1892 SECRET SPAIN		US	Rockville MD	

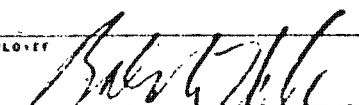
FORM 2-68

(16-51)

(H) 301.001

SECRET

(When Filled In)

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF ENTRY	KNOWLEDGE ACQUIRED BY (CHECK ONE)			
				RESEARCH	TRAVEL	STUDY	OTHER
Havana Cuba	Language, customs, people 1949-55			X			X
Rep of Panama	" " " 1952-58		Dec 20	X	X	X	X
El Salvador, Mexico	" " " various			X	X		X
Guatemala, Puerto Rico	" " " various			X	X		X
SECTION VI Hawaii				X	X		X
1. TYPING (WPM) 2. SHORTHAND (WPM) 3. INDICATE SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM							
<input type="checkbox"/> CRECC <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPH <input type="checkbox"/> OTHER SPECIFY:							
SECTION VII SPECIAL QUALIFICATIONS							
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED							
Extremely capable in First Aid (advanced) and teaching of same. Firefighting procedures. Elementary knowledge of Real Estate Procedures.							
SECTION VIII MILITARY SERVICE							
CURRENT DRAFT STATUS							
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2. NEW CLASSIFICATION			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				N/A			
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4. IF DEFERRED, GIVE REASON			
N/A				N/A			
MILITARY RESERVE, NATIONAL GUARD STATUS							
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG				<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD			
NONE							
1. CURRENT RANK, GRADE OR RATE		2. DATE OF APPOINTMENT IN CURRENT RANK		3. EXPIRATION DATE OF CURRENT OBLIGATION			
N/A		N/A		N/A			
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input checked="" type="checkbox"/> DISCHARGED							
5. MILITARY MOBILIZATION N/A				6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED			
N/A				N/A			
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)							
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED			
Non-Com leadership school		same		7777			
						PRESIDENT	
						AGENCY-SPONSORED	
SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS							
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)			DATE OF MEMBERSHIP		
					FROM TO		
American Red Cross		Silver Spring Md			1964 present		
Rockville Fire Dept and OTHERS		(presently Rockville, Md)			1958 present		
International Rescue & 1st Aid Assoc		worldwide			1956(?) present		
Montgomery Board of Realtors (ASSOCIATE member) (Permanency pending)					1958 present		
3.							
SECTION X REMARKS							
I am a bit hazy on the dates.							
DATE		SIGNATURE OF EMPLOYEE					
19 Dec 68							

SECRET

SECRET

SECTION V GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY (CHECK IN)			
				RESIDENCE	TRAVEL	STUDY	HOME ASSIGNMENT
Cuba	Area and people/Lan.	1919-1924	Family	X		X	X
Panama	Area and people/Lan	1952-58	XXXX	X	X	X	X
Dom Rep	Area and People/Lan	1965			X		X
Salvador & Guat	" "	1961-2-3			X		X

SECTION VI & Mexi TYPING AND STEGNOGRAPHIC SKILLS

1. TYPING (WPM) 2. SHORTHAND (WPM) 3. INDICATE SHORTHAND SYSTEM USED (CHECK IN) APPROPRIATE ITEM

☐ GREGG ☐ SPEEDWRITING ☐ STENO TYPE ☐ OTHER SPECIFY:

SECTION VII SPECIAL QUALIFICATIONS

PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED

Quite proficient in photography - Safety and Fire engineering - First Aid including the Instruction of First Aid & Hospital Corpsman duties. SOME Real Estate knowledge.

SECTION VIII MILITARY SERVICE

CURRENT DRAFT STATUS

1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED? ☐ YES ☐ NO 2. NEW CLASSIFICATION: See age.

3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS 4. IF DEFERRED, GIVE REASON

MILITARY RESERVE, NATIONAL GUARD STATUS

CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG: ☐ ARMY ☐ MARINE CORPS ☐ COAST GUARD ☐ NATIONAL GUARD ☐ NAVY ☐ AIR FORCE ☐ AIR NATIONAL GUARD

1. CURRENT RANK, GRADE OR RATE: N/A 2. DATE OF APPOINTMENT IN CURRENT RANK: N/A 3. EXPIRATION DATE OF CURRENT OBLIGATION: N/A

4. CHECK CURRENT RESERVE CATEGORY: ☐ READY RESERVE ☐ STANDBY (ACTIVE) ☐ STANDBY (INACTIVE) ☐ RETIRED ☒ DISCHARGED

5. MILITARY MOBILIZATION ASSIGNMENT: N/A 6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED: N/A

MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	DATE COMPLETED	REMARKS
Non-Com leadership school	Infantry	1943	N/A

SECTION IX PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP	
		FROM	TO
Rockville Fire Dept & others	Rockville Md & others	1958	present
Red Cross as Emergency transport and		1944	"
First Aid Instructor as well as Md Corpsman		1968	"
Associate member Mont Realtors		1964	"
Int Assoc Rescue & First Aid			

REMARKS

Re Section IV: Both daughters now married.  
 Re Section III: This is second marriage.  
 Re Real Estate training: This still in active stage. Plans are to supplement my work and eventually change to it on full time basis.

DATE: 25 Nov 68 SIGNATURE OF EMPLOYEE: [Signature]

SECRET

**SECRET**  
(When Filled In)

### QUALIFICATIONS UPDATE

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT, AVOID USING LIGHT COLORED INKS**

Now that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 441, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 5E-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

<b>SECTION I</b>						<b>BIOGRAPHIC AND POSITION DATA</b>					
EMP. SER. NO.		NAME (Last-First-Middle)				DATE OF BIRTH					
027630		Hidalgo, Balmes N.				05/27/19					
<b>SECTION II</b>						<b>EDUCATION</b>					
<b>HIGH SCHOOL</b>											
LAST HIGH SCHOOL ATTENDED		ADDRESS (City, State, Country)		YEARS ATTENDED (From-To)		GRADUATE					
La Salle Academy		NY City NY		1938-40		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
<b>COLLEGE OR UNIVERSITY STUDY</b>											
NAME AND LOCATION OF COLLEGE OR UNIVERSITY		SUBJECT		YEARS ATTENDED FROM-TO		DEGREE RECEIVED		YEAR RECEIVED		NO. SEM/ QTR HRS. (Specify)	
		MAJOR		MINOR							
1. New York University		Comm Law Import-Export procedures		1943/45		NO					
2.											
IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.											
<b>TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS</b>											
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM		TO		NO. OF MONTHS			
University of Md. College of Engineering		Fire Service extension		Jan 66		Aug 66		8			
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE											
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		FROM		TO		NO. OF MONTHS			
1. Montgomery Junior College Rockville, Md Campus		Real Estate procedures		Oct 1968				1			
2. Suburban Hospital Bethesda, Md		Emergency Medical Aid/ Maryland State Corpman		Jan-May 1968				5			
<b>SECTION III</b>											
<b>MARITAL STATUS</b>											
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY: <b>Married</b>											
2. NAME OF SPOUSE (Last) (First) (Middle) ( maiden)											
HIDALGO Veronica W. (WAYLONIS)											
3. DATE OF BIRTH				4. PLACE OF BIRTH (City, State, Country)							
May 29 1914				DuBois, Pa., USA							
5. OCCUPATION				6. PRESENT EMPLOYER							
Admin Asst				C.I.A.							
7. CITIZENSHIP				8. FORMER CITIZENSHIP(S) COUNTRY(IES)				9. DATE U.S. CITIZENSHIP ACQUIRED			
US				N/A				Birth			
<b>SECTION IV</b>											
<b>DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE</b>											
NAME		RELATIONSHIP		DATE AND PLACE OF BIRTH		CITIZENSHIP		PERMANENT ADDRESS			
1. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter		NYC NY - Feb 23/50		US		Alexandria Va			
2. <input type="checkbox"/> ADD <input checked="" type="checkbox"/> DELETE		Daughter		NYC NY - Jan 6/45		US		Arlington Va			

FORM 444n  
2-65

**SECRET**

G P 114-511

ALSO FIRST AID INSTRUCTIONS cover of form 21-444n

SECRET

When Filled In

OFFICIAL USE ONLY (until F-2000)

LLC

## QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING TYPE OR PRINT. AVOID USING LIGHT COLORED INKS

SECTION I				
BIOGRAPHIC AND POSITION DATA				
1 EMP SER NO	2 NAME (Last First Middle)	3 SEX	4 DATE OF BIRTH	5 SCHEDULE GRADE/STEP
027530	MICALGO B N JR	M	09/27/19	GS-12-04
6 SSN	7 POSITION TITLE	8 OFFICE OF ASSIGNMENT	9 LOCATION (City, State)	
D	CPS OFFICER	AM	WASH., D.C.	
SECTION II				
AGENCY OVERSEAS SERVICE				
AREA	TYPE TOUR	FROM	TO	
WESTERN HEMISPHERE	PCS-VV	92/05/12	97/12/30	
WESTERN HEMISPHERE	TDY-CC	99/01/29	99/02/08	
WESTERN HEMISPHERE	TDY-CC	03/02/01	01/03/01	
WESTERN HEMISPHERE	TDY-CC	01/04/19	01/06/19	
EUROPEAN AREA	TDY-CC	03/12/01	03/12/18	
WESTERN HEMISPHERE	PCS-CC	08/04/01	08/09/01	
		03/04/01	04/04/01	
WESTERN HEMISPHERE	TDY-CC	05/17/11	05/27/11	
		THIRTEEN	13	
SECTION III				
EDUCATION				
DEGREE	MAJOR FIELD	COLLEGE	YEAR	
NONE	NO COLLEGE DEGREE ON RECORD			
	TWO YEARS - COMMERCIAL LAW IMPART EXPORT PROCEEDURE	NYU	1943-45	

OVERSEAS DATA

CODED 25 APR 1968

DATE: INITIALS:



## SECRET

When Filled In

SECTION III							
EDUCATION (Cont'd)							
HIGH SCHOOL							
LAST HIGH SCHOOL ATTENDED	ADDRESS City, State, Country	YEARS ATTENDED From To	GRADUATE				
La Salle Academy	NYC NY	1938-40	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
COLLEGE OR UNIVERSITY STUDY							
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM TO	DEGREE RECEIVED	YEAR RECEIVED	NO SEM / QTR HRS. Spec'd	
	MAJOR	MINOR					
1 NYU - NYC NY	Comm. Law	Export laws	Sept 43 to ? 45	No		???	
2							
3							
4							
5 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE, INDICATE SUBJECT OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT							
<div style="border: 1px solid black; padding: 5px; display: inline-block;">           0112 0112            0112 0112         </div>							
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS							
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO OF MONTHS		
1							
2							
3							
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE							
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO OF MONTHS		
1							
2							
3							
4							
5							
AGENCY-SPONSORED EDUCATION							
Specify which, if any, of the education shown in Section III was Agency sponsored							
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO OF MONTHS		
1 Full Ops course				During 1958	9		
2 Management Course				1966 One Week			
3							
4							
5							

SECRET

SECRET

SECTION VII MILITARY SERVICE			
CURRENT DRAFT STATUS			
1. ARE YOU REGISTERED FOR THE DRAFT?		2. SELECTIVE SERVICE CLASSIFICATION	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		???	
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS		4. IF DEFERRED, GIVE REASON	
N/A		N/A	
MILITARY SERVICE RECORD (Active Duty Only)			
1. MILITARY ORGANIZATION (Army, Navy, etc.)	2. BRANCH OR CORPS	3. DATES OF SERVICE (extended active duty)	
Army	Infantry	FROM Oct 1940 TO Sept 1943	
4. STATUS (Regular, Reserve, etc.)	5. RANK, GRADE OR RATE (at separation, if not service)	6. SERIAL SERVICE OR FILE NUMBER	
Federalized National Guard	Cpl.	20249766	
7. CHECK TYPE OF SEPARATION			
<input checked="" type="checkbox"/> HONORABLE DISCHARGE <input type="checkbox"/> RELEASE TO INACTIVE DUTY <input type="checkbox"/> RETIREMENT FOR AGE <input type="checkbox"/> RETIREMENT FOR SERVICE <input type="checkbox"/> RETIREMENT FOR COMBAT DISABILITY <input checked="" type="checkbox"/> RETIREMENT FOR PHYSICAL DISABILITY <input type="checkbox"/> UNIQUE HARDSHIPS <input type="checkbox"/> OTHER (Specify)			
8. BRIEF DESCRIPTION OF MILITARY DUTIES (record the duties and status which best describe your work or function in the military service)			
Infantryman; Cryptographic sections; driver.			
MILITARY RESERVE, NATIONAL GUARD STATUS			
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG			
None			
<input type="checkbox"/> ARMY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> AIR NATIONAL GUARD			
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK	3. EXPIRATION DATE OF CURRENT RESERVE OBLIGATION	
4. CHECK CURRENT RESERVE CATEGORY			
<input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (Active) <input type="checkbox"/> STANDBY (Inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED			
5. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES (record the duties and status which best describe your work or function in the military service)			
6. IF YOU ARE CURRENTLY ASSIGNED TO A RESERVE OR NATIONAL GUARD TRAINING UNIT (Identify the unit and its address)			
MILITARY SCHOOLS COMPLETED (Active Duty, Reserve Status or as Civilian)			
NAME AND ADDRESS OF SCHOOL	FIELD OF SPECIALIZATION	DATE COMPLETED	
1.			RECEIVED CORRESPONDENCE AGENCY SPONSORED
2.			RECEIVED CORRESPONDENCE AGENCY SPONSORED
3.			RECEIVED CORRESPONDENCE AGENCY SPONSORED
4.			RECEIVED CORRESPONDENCE AGENCY SPONSORED
5.			RECEIVED CORRESPONDENCE AGENCY SPONSORED

SECRET

## SECRET

(When filled in)

SECTION IV GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATE OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY: CHECK IN			
				RES- DENCE	TRA- V- EL	STUDY	WORK ASSOC- IATION
Cuba	Language-Area knowledge	1919-1924	---	X			
Panama	" " "	1952-58		X			X
Puerto Rico	" " "	various			X		X
Guatemala	" " "	various			X		X
El Salvador	" " "	various			X		X
Mexico	" " "	various			X		X
Dom Rep	" Limited area knowledge	1965					X
Germany	" " "	1963					X
Scotland	" " "	1963					X

SECTION V TYPING AND STENOGRAPHIC SKILLS			
1. TYPING (WPM) 40	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED - CHECK IN APPROPRIATE ITEM <input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY	
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (comparator, mimeograph, card punch, etc.) Various			

SECTION VI SPECIAL QUALIFICATIONS	
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. First Aid Instructor. Very active currently. Fire Fighting and safety practices. University of Maryland. Active currently. <i>Shy during 1962 - 1963</i>	
2. LIST ALL BUSINESS EQUIPMENT FOR WHICH YOU MAY HAVE LISTED IN ITEM 4. SPECIFY. LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS, ELECTRIC CIRCUITRY, AND RECORDING, OFFSET PRESS, TYPING, ETC. AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES.	
3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PHOTO, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, MEDICAL TECHNICIAN, PSYCHOLOGIST, PHYSICIAN, ETC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE, INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE, MUNICIPALITY, ETC. (Provide license registration number if known) First Aid Instructor - National Red Cross - 1963	5. FIRST LICENSE/CERTIFICATE (year of issue) 1963 6. LATEST LICENSE/CERTIFICATE (year of issue)
7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR. Do NOT submit names unless requested. INDICATE THE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (fiction or scientific articles, general interest subjects, novels, short stories, etc.)	
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED	
9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE	

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(When Filled In)

SECTION IX		MARITAL STATUS		
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Common-law) MARRIED		2. NAME OF SPOUSE Last: HIDAŁOO First: Veronica Middle: WAYLON ES		
3. DATE OF BIRTH May 23 1914	4. PLACE OF BIRTH (City, State, Country) DuBois, Pa., USA.			
5. OCCUPATION Administrative Asst	6. PRESENT EMPLOYER CIA			
7. CITIZENSHIP US	8. FORMER CITIZENSHIP(S) COUNTRY(IES) None	9. DATE U.S. CITIZENSHIP ACQUIRED N/A		
SECTION X DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT ADDRESS
Frances R. Hidalgo	daughter	Feb 23 1950 NYC NY	US	Alexandria, Va
Eulmes N. Hidalgo Sr.	father	Dec 15 1890 Puerto Rico	US	NYC NY
Rosa Hidalgo	mother	Jan 12 1892 Spain	US	NYC NY
SECTION XI PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS				
NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATE OF MEMBERSHIP		
		FROM	TO	
American Red Cross Civil Defense team	Montgomery Ctr., Md.	1964	present	
Franconia Volunteer Fire Department	Franconia, Va	1958	1963	
Rockville Volunteer Fire Department	Rockville, Md.	1964	present	
International Rescue and First Aid Association		1967	present	
DATE 9 Feb 1968	SIGNATURE OF EMPLOYEE <i>John H. Hilly</i>			

**SECRET**

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)	
11. TEST PURPOSE		12. TEST SCORES				13. ELIGIBILITY (39)	
AWARD		READING (34)		WRITING (35)		PRONUNCIATION (36)	
SKILL		SPEAKING (37)		UNDERSTANDING (38)		AWARDABLE	
						NOT AWARDABLE	
14. I CERTIFY THIS EMPLOYEE FOR AWARD				15. TYPE OF AWARD			
SIGNATURE		DATE		A-M		E-I-N	
				C		R-W-B	
				D-V			
16. AMOUNT OF AWARD		\$		17. I CERTIFY THAT FUNDS ARE AVAILABLE			
18. FEDERAL TAX DEDUCTION		\$		OBLIGATION REF. NO.			
19. STATE/DC TAX DEDUCTION		\$		SIGNATURE			
21. NET AMOUNT OF AWARD		\$		20. CHANGE ALLOTMENT NO.			
23. FORWARD CHECK TO				DATE			
				22. EMPLOYEE PAYROLL NO.			
				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.			
				DATE			

FORM 1273 USE PREVIOUS EDITIONS

SECRET

(10-49) MRD COPY

SECRET

(When Filled In)

1. PERSONNEL SERIAL NO. (1-6)		LANGUAGE PROFICIENCY AND AWARDS DATA				2. L.D. NO.	
3. NAME (7-24)		4. COMPONENT		5. GRADE		6. DATE OF BIRTH	
7. LANGUAGE		8. CODE (25-27)		9. DATE OF TEST		10. ANNIVERSARY DATE (28-33)	
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AWARD		READING (34)		WRITING (35)		PRONUNCIATION (36)	
SKILL		SPEAKING (37)		UNDERSTANDING (38)		AWARDABLE	
						NOT AWARDABLE	
14. I CERTIFY THIS EMPLOYEE FOR AWARD				15. TYPE OF AWARD			
SIGNATURE		DATE		A-M		E-I-N	
				C		R-W-B	
				D-V			
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				22. EMPLOYEE PAYROLL NO.			
				24. ALLOTMENT OF ASSIGNMENT			
				25. CHECK NO.			
				DATE			

FORM 1273 USE PREVIOUS EDITIONS

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(When Filled In)

11-81		LANGUAGE DATA RECORD			
PART I-GENERAL					
1. NAME (Last-First-Middle)		17-241		2. DATE OF BIRTH (25-30)	
Hidalgo, Balmea Nieves JR				MONTH	DAY YEAR
				May	27 1912
3. LANGUAGE (21-33)		4. TODAY'S DATE (34-39)		5.	
Spanish 720		MONTH DAY YEAR		<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
May		9 1958			
PART II-LANGUAGE ELEMENTS					
SECTION A. Reading (40)					
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.					
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.					
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.					
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.					
5. I HAVE NO READING ABILITY IN THE LANGUAGE.					
SECTION B. Writing (41)					
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.					
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.					
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.					
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.					
5. I CANNOT WRITE IN THE LANGUAGE.					
SECTION C. Pronunciation (42)					
1. MY PRONUNCIATION IS NATIVE.					
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.					
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.					
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.					
5. I HAVE NO SKILL IN PRONUNCIATION.					
CONTINUE ON REVERSE SIDE					

CONTINUATION OF PART II—LANGUAGE ELEMENTS	
SECTION D. Speaking (43)	
1.	I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2.	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3.	I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4.	I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5.	I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.
SECTION E. Understanding (44)	
1.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2.	I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOES AND PUNS.
3.	I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4.	I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5.	I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.
BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)	
1.	I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2.	I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
PART IV—CERTIFICATION	
I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 23-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.	
DATE SIGNED	SIGNATURE
9 May 1958	Halmy L. Helms
(46)	(47)
C	A

SECRET

(When Filled In)

(11-81)		LANGUAGE DATA RECORD	
127630			
PART I-GENERAL			
1. NAME (Last-First-Middle) (17-24)		2. DATE OF BIRTH (75-30)	
Hidalgo, Balnos Nieves JR		MONTH	DAY YEAR
		May	27 1958
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.
Portuguese 630	MONTH DAY YEAR		<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
	May 9 1958		
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
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2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
(3) I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
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3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.			
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(5) I CANNOT WRITE IN THE LANGUAGE.			
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(4) MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
(5) I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			



CONTINUATION OF PART II—LANGUAGE ELEMENTS	
SECTION D. Speaking (43)	
1.	I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2.	I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3.	I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
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5.	I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.
BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.	
PART III—EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)	
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2.	I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3.	BOTH OF THE ABOVE STATEMENTS APPLY.
4.	NONE OF THE ABOVE STATEMENTS APPLY.
PART IV—CERTIFICATION	
<p>I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1(C)(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.</p>	
DATE SIGNED	SIGNATURE
9 May 1958	J. Salas, J. Velazquez
(46)	(47)

CONFIDENTIAL

SECURITY APPROVAL

DATE : 17 April 1964

YOUR  
REFERENCE: 18658 DDP/SAS

CASE NO. : 65077

TO : Director of Personnel

ATTN :

SUBJECT : HIDALGO, Balnes Nieves, Jr.

1. This is to inform you that Subject has been approved for the appointment specified in your request under the provisions of Headquarters Regulations 10-3 and 20-5 including access to classified information through TOP SECRET as required in the performance of duties.
2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.
3. As part of the entrance on duty processing:
  - ☐ A personal interview in the Office of Security must be arranged.
  - ☒ A personal interview is not necessary.
  - ☐ Please advise Chief, Clearance Branch, extension 5620 when Subject enters on duty.
4. This is a conversion case.

FOR THE DIRECTOR OF SECURITY:

*W. A. Osborne*  
W. A. Osborne

Chief, Personnel Security Division

CONFIDENTIAL  
(When Filled In)

STAFF AGENT CLEARANCE

DATE : 22 April 1963

YOUR REFERENCE: Memorandum of 19 April 1963

CASE NO. : 65077

TO : Chief, Contract Personnel Division

ATTN. : Staff Agents Branch

SUBJECT :  Hedley R. N. Jr.

1. This is to advise that a security clearance is granted for the employment of the Subject as a Staff Agent, GS-11, by DDP/SAS in the capacity of Operations Officer under Project JMWAVE.

2. If your office should desire at a later date to change the status or use of the Subject, a request to cover any proposed change should be submitted to this office.

3. Unless arrangements are made within 60 days for entrance on duty within 120 days, this Approval becomes invalid.

4. As a part of entrance on duty processing:

☐ A personal interview in the Office of Security must be arranged by your office.

☒ A personal interview is not necessary.

☐

*W. A. Osborne*

W. A. Osborne

CHIEF, PERSONNEL SECURITY DIVISION OS

**CONFIDENTIAL**  
(WHEN FILLED IN)

**SECURITY APPROVAL**

**DATE** : 10 March 1958

**YOUR  
REFERENCE:**

**CASE NO.** : 65077

**TO** : Director of Personnel

**FROM** : Director of Security

**SUBJECT** : HIDALGO, Balma Nieves

1. This is to inform you of security approval of the subject person as follows:

- ☒ Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.
- ☐ Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.

3. As part of the entrance on duty processing:

- ☒ A personal interview in the Office of Security must be arranged.
- ☐ A personal interview is not necessary.
- ☒ This clearance is issued in advance of receipt of a SF-377. Subject will be assigned to the WH Division.

FOR THE DIRECTOR OF SECURITY:

*W. M. Knott*  
W. M. Knott  
Chief, Personnel Security Division

SECRET

## BIOGRAPHIC INFORMATION

**Name:** Raimon E. HIDALGO, Jr.  
**Grade:** GS-11  
**Service Designation:** CI

**Date and Place of Birth:** 27 May 1919  
Havana, Cuba

**Marital Status:** Married

**Education and Career Outside the Agency:** 1945-46 New York University - No degree (2 yrs)  
Nov 45-Dec 49 FBI, Eastern part of United States -  
Undercover Agent

**Languages:** Spanish - Fluent  
Portuguese & French - Fair

**Military Duty:** 27 Mar 39-27 Sep 1943 New York National Guard  
(Federalized Oct 40) U.S. Army

**CIA Experience:** 18 Feb 52 Ex Appt., Contract Employee, GS-9, DDP/WH/  
HYPOTHESIS, [redacted]  
1 Feb 56 Promotion, Contract Employee, GS-11, DDP/WH,  
HYPOTHESIS, [redacted]

**CIA Training:** Covert training

## CONFIDENTIAL

(When Filled In)

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ALLOWABLE IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.			
NAME OF EMPLOYEE (Last) (First) (Middle) HIDALGO JA BALMES NIEVES			
1. RESIDENCE DATA			
PLACE OF RESIDENCE WHEN APPOINTED D.C.		LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)	
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE D.C.			
2. MARITAL STATUS			
CHECK (X) ONE: <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> BIDDOWED <input type="checkbox"/> ANNULLED			
IF MARRIED, INDICATE PLACE OF MARRIAGE BELZONI MISS. USA			DATE OF MARRIAGE 9 APR 1943
IF DIVORCED, PLACE OF DIVORCE DECREE			DATE OF DECREE
IF BIDDOWED, INDICATE PLACE SPOUSE DIED			DATE SPOUSE DIED
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE LOUISE HIDALGO		ADDRESS (No., Street, City, Zone, State)	
TELEPHONE NUMBER			
NAMES OF CHILDREN LUZ MARIA FRANCES REBECCA		ADDRESS	
SEX F F		AGE 13 8	
NAME OF FATHER (Or male guardian) BALMES N HIDALGO		ADDRESS	
TELEPHONE NUMBER			
NAME OF MOTHER (Or female guardian) ROSE HIDALGO		ADDRESS	
TELEPHONE NUMBER			
WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES? WIFE			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle) HIDALGO LOUISE		RELATIONSHIP WIFE	
HOME ADDRESS (No., Street, City, Zone, State)		HOME TELEPHONE NUMBER	
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION	
IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 7 ON THE REVERSE SIDE OF THIS FORM.			
5. VOLUNTARY ENTRIES			
INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS GREENWICH SAVINGS BANK			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

CONFIDENTIAL  
(When Filled In)

5. (CONTINUED)		
IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?		
JAMES W. HIGHLANDER 7/12 10:30 11/11/60		
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES", WHERE IS DOCUMENT LOCATED?		
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
Do NOT NOTIFY OTHER PERSONS IN ITEM 3 OF EMERGENCY. <u>UNLESS</u> WIFE IS NOT AVAILABLE.		
SIGNED AT	DATE	SIGNATURE
		<i>James W. Highlander</i>

CONFIDENTIAL

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I.—EMPLOYEE'S STATEMENT

PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial)		2. DATE OF BIRTH		9. RETENTION GROUP						
HIDALGO JR, BALMIES NIEVES		27 MAY 1919								
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENTS (Do not include military service).				10. CSC STATUS (For permanent employees only) <input type="checkbox"/> YES <input type="checkbox"/> NO						
NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN	11. SERVICE		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY		YEAR	MONTH	DAY
US ARMY, DEPT OF DEFENSE QUARTERMASTER CORP	51	1	12				Permanent	7	2	6
4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."										
BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon.?)			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY				
US ARMY INF	1933	MAR	27	43	SEPT	21	HONORABLE	4	5	25
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										
TYPE IF KNOWN (LWOP, Paid, Susp, AWOL, Mer Mer)	FROM—			TO—			TOTAL			
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS	
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If answer is "Yes," in what agency were you employed at the time status was acquired?)										
7. ARE YOU: A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.										

(DATE)

(SIGNATURE)

Subscribed and sworn to before me on this 13th day of Mar 1958 at Washington, D.C.  
(MONTH) (CITY) (STATE)

SEAL

Betty A. Bussard

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

(OVER)

10-58480-1



**PART III.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
LEAVE PURPOSES**

TOTAL SERVICE (Item 12) .....

NONCREDITABLE SERVICE (Item 13) .....

CREDITABLE SERVICE (Leave purposes) .....

ENTRANCE ON DUTY DATE (Present agency) .....

LESS CREDITABLE SERVICE (Leave purposes) .....

SERVICE COMPUTATION DATE (Leave purposes) .....

YEARS	MONTHS	DAYS

58	3	17
11	8	1
46	7	16

**PART IV.—DETERMINING CREDITABLE SERVICE  
AND SERVICE COMPUTATION DATE FOR  
REDUCTION IN FORCE PURPOSES**

(To be completed only in those cases when the amount of creditable service for reduction  
in force purposes differs from the amount creditable for leave purposes)

TOTAL SERVICE (Item 12) .....

NONCREDITABLE SERVICE (Item 14) .....

CREDITABLE SERVICE (RIF purposes) .....

ENTRANCE ON DUTY DATE (Present agency) .....

LESS CREDITABLE SERVICE (RIF purposes) .....

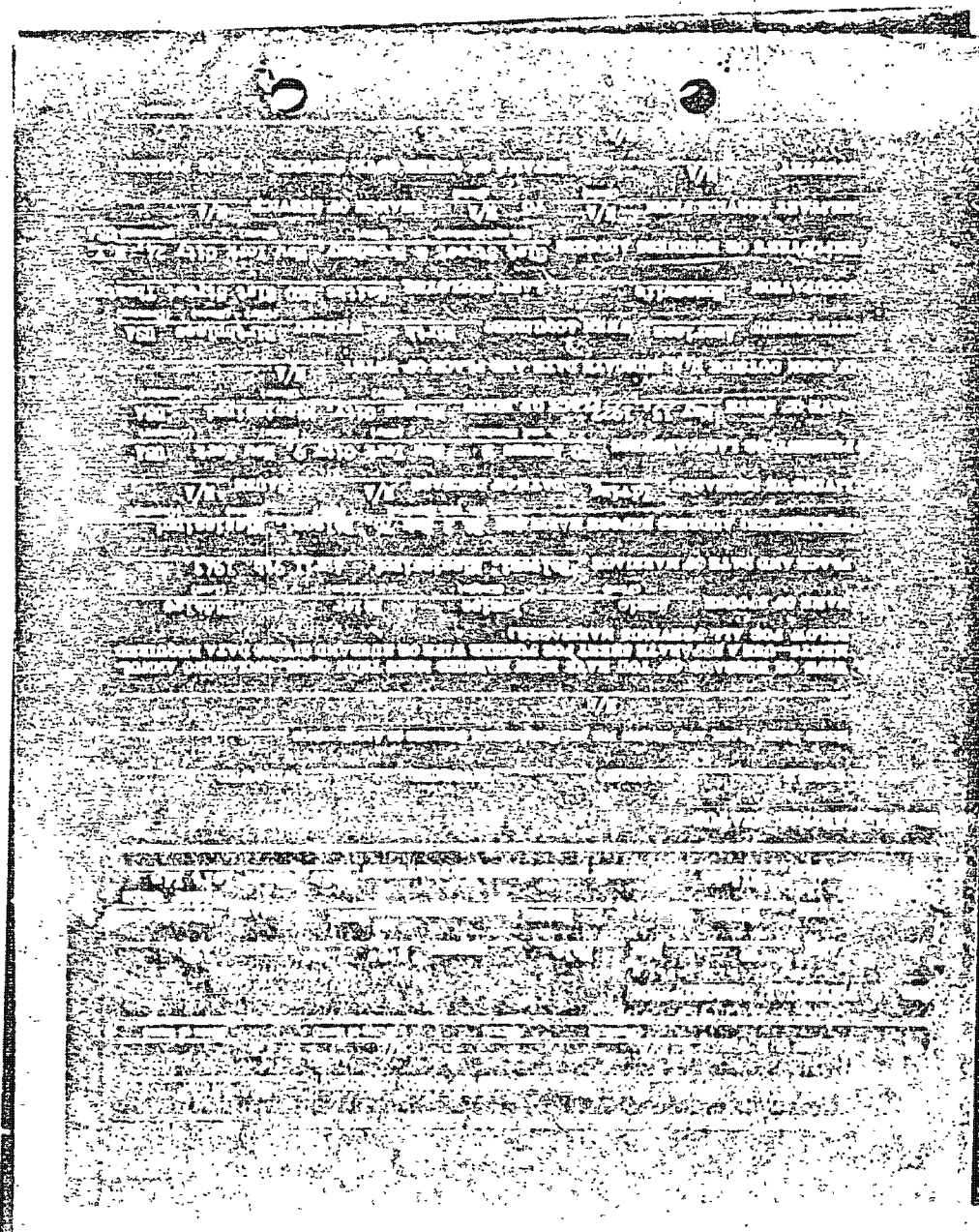
SERVICE COMPUTATION DATE (RIF purposes) .....

(Enter as the "service computation date" on the employee's "Service Record Card," SP-7)

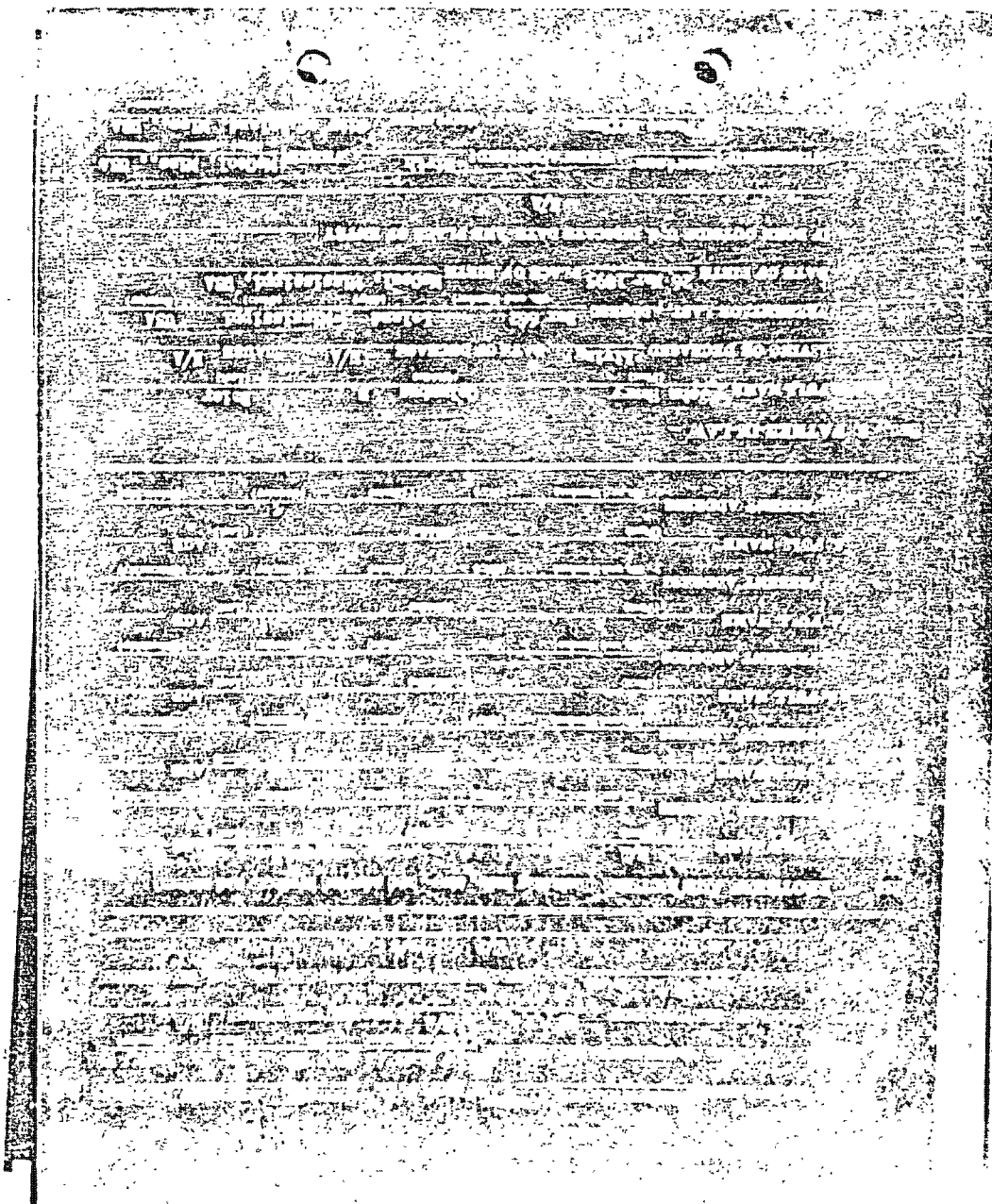
YEARS	MONTHS	DAYS


REMARKS:





GENERAL INFORMATION (Name, rank, service)			
NAME	LAST NAME	FIRST NAME	MIDDLE NAME
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
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9	9	9	9
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12	12	12	12
13	13	13	13
14	14	14	14
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17	17	17	17
18	18	18	18
19	19	19	19
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92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100



1. The first part of the document is a header section containing the following information:
 

- Page Number: 1
- Date: 10/10/2010
- Time: 10:10:10
- Author: [Name]
- Subject: [Subject]

2. The second part of the document is a list of items, numbered 1 through 10, each followed by a description:
 

1. [Description]
2. [Description]
3. [Description]
4. [Description]
5. [Description]
6. [Description]
7. [Description]
8. [Description]
9. [Description]
10. [Description]

3. The third part of the document is a table with 2 columns and 10 rows. The first column contains numbers 1 through 10, and the second column contains descriptions:
 

1	[Description]
2	[Description]
3	[Description]
4	[Description]
5	[Description]
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7	[Description]
8	[Description]
9	[Description]
10	[Description]

4. The fourth part of the document is a list of items, numbered 1 through 10, each followed by a description:
 

1. [Description]
2. [Description]
3. [Description]
4. [Description]
5. [Description]
6. [Description]
7. [Description]
8. [Description]
9. [Description]
10. [Description]

5. The fifth part of the document is a table with 2 columns and 10 rows. The first column contains numbers 1 through 10, and the second column contains descriptions:
 

1	[Description]
2	[Description]
3	[Description]
4	[Description]
5	[Description]
6	[Description]
7	[Description]
8	[Description]
9	[Description]
10	[Description]

6. The sixth part of the document is a list of items, numbered 1 through 10, each followed by a description:
 

1. [Description]
2. [Description]
3. [Description]
4. [Description]
5. [Description]
6. [Description]
7. [Description]
8. [Description]
9. [Description]
10. [Description]

7. The seventh part of the document is a table with 2 columns and 10 rows. The first column contains numbers 1 through 10, and the second column contains descriptions:
 

1	[Description]
2	[Description]
3	[Description]
4	[Description]
5	[Description]
6	[Description]
7	[Description]
8	[Description]
9	[Description]
10	[Description]

8. The eighth part of the document is a list of items, numbered 1 through 10, each followed by a description:
 

1. [Description]
2. [Description]
3. [Description]
4. [Description]
5. [Description]
6. [Description]
7. [Description]
8. [Description]
9. [Description]
10. [Description]

9. The ninth part of the document is a table with 2 columns and 10 rows. The first column contains numbers 1 through 10, and the second column contains descriptions:
 

1	[Description]
2	[Description]
3	[Description]
4	[Description]
5	[Description]
6	[Description]
7	[Description]
8	[Description]
9	[Description]
10	[Description]

10. The tenth part of the document is a list of items, numbered 1 through 10, each followed by a description:
 

1. [Description]
2. [Description]
3. [Description]
4. [Description]
5. [Description]
6. [Description]
7. [Description]
8. [Description]
9. [Description]
10. [Description]



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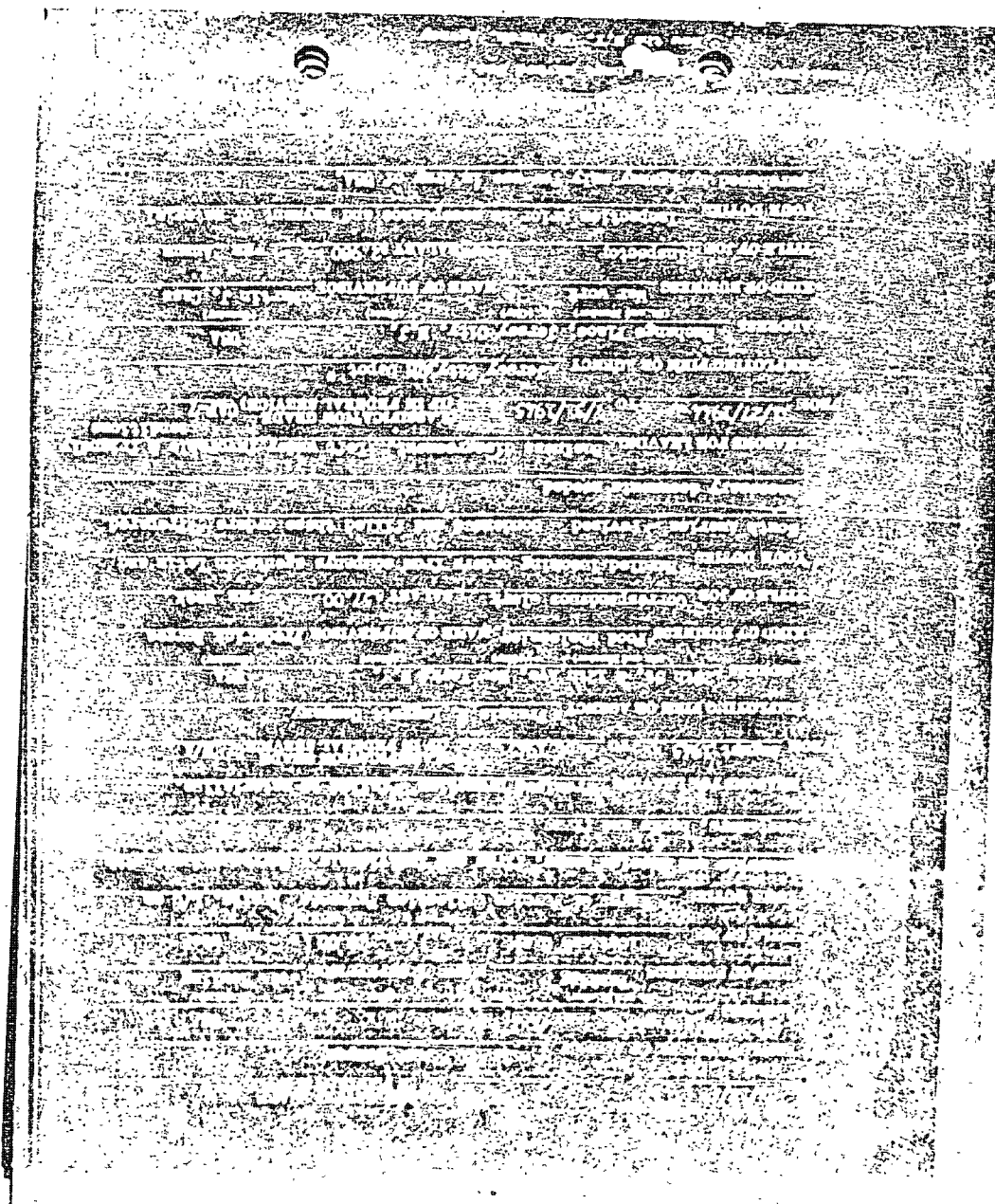
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[illegible]





HAVE BEEN RECORDED IN THE  
 OFFICE OF THE CLERK OF THE  
 SUPREME COURT OF THE DISTRICT OF COLUMBIA  
 THIS 10th DAY OF JANUARY 1908  
 AT WASHINGTON, D. C.  
 CLERK OF THE SUPREME COURT









## 1990-1995

DO YOU ADVOCATE DEATH? HAVE YOU ADVOCATED? CAN HE TELL YOU HOW WE HAVE YOU  
EVER BEEN FINDER OR HAVE YOU SUPPORTED ANY POLITICAL PARTY? A SEARCH  
ACTION? HAVE ADVOCATED THE GOVERNMENT OF OUR CONSTITUTIONAL FORM OF GOV-  
ERNMENT IN THE UNITED STATES?

100-443887-100

**POLYMER LETTERS**

HAVE TOO EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF  
ANY FEDERAL LAW SINCE TRAVELING THROUGH OR FROM THE UNITED STATES INTO AN  
OTHER COUNTRY, NAVALY OR OTHERWISE AND INCLUDING ON GAIN

[illegible]

**NEW! THE NEW SUBSTANTIALIZED VIDEO OF "THE NEW SUBSTANTIALIZED VIDEO"  
AVAILABLE NOW!**

100-443887-100

[illegible][illegible]

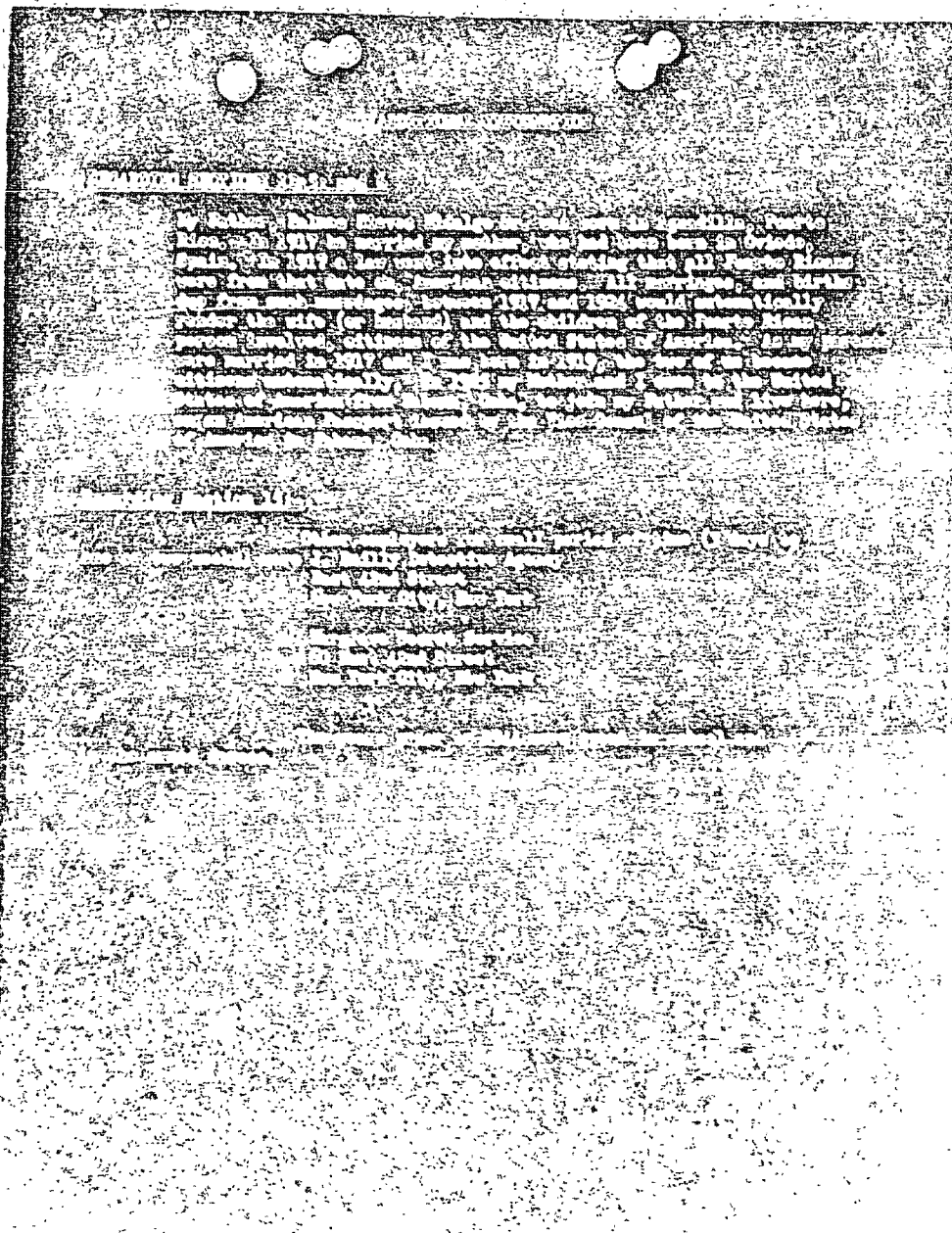
1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

\_\_\_\_\_









SECRET

## PERSONAL HISTORY STATEMENT

**Instructions:** 1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.

2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? \_\_\_\_\_

(Yes or No)

### Sec. 1. PERSONAL BACKGROUND

**A. FULL NAME** Mr. Ealnes Nieves Hidalgo, Jr. Telephone: NA  
(U.S. Name) XXX (First) XXX (Middle) XXX (Last) XXX Office NA  
(Initial) XXX Ext. NA  
Home NA

**PRESENT ADDRESS** House number 60, 94th St., East, \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

**PERMANENT ADDRESS** NA  
(St. and Number) (City) (State) (Country)

**B. NICKNAME** "Barney" "Bal" **WHAT OTHER NAMES HAVE YOU USED?** See remarks

**UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE**

**NAMES?** See remarks

**HOW LONG?** See remarks **IF A LEGAL CHANGE, GIVE PARTICULARS.**

No  
(Where) (By what authority)

**C. DATE OF BIRTH** 27 May 1919 **PLACE OF BIRTH** Havana, Cuba  
(City) (State) (Country)

**D. PRESENT CITIZENSHIP** U. S. **BY BIRTH?** NA **BY MARRIAGE?** NA  
(Country)

**BY NATURALIZATION CERTIFICATE NO.** NA **ISSUED** NA **BY** NA  
(Date) (Court)

**AT** See remarks  
(City) (State) (Country)

**HAVE YOU HAD A PREVIOUS NATIONALITY?** No  
(Yes or No) (Country)

**HELD BETWEEN WHAT DATES?** NA **TO** NA **ANY OTHER NATIONALITY?** NA  
(Country)

**GIVE PARTICULARS** NA

**HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP?** No **GIVE PARTICULARS:**

NA

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? March 1924PORT OF ENTRY: NYC, NY ON PASSPORT OF WHAT COUNTRY? U. S.LAST U. S. VISA None  
(Number) (Type) (Place of Issue) (Date of Issue)

## SEC. 2. PHYSICAL DESCRIPTION

AGE 38 SEX Male HEIGHT 5' 9" WEIGHT 145  
EYES Brown HAIR Dark Brown COMPLEXION Dark SCARS under chin  
BUILD slight OTHER DISTINGUISHING FEATURES Mole, Upper left lip.

## SEC. 3. MARITAL STATUS

A. SINGLE ☐ MARRIED ☒ DIVORCED ☐ WIDOWED ☐

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

NAME OF SPOUSE Annie Louise Beier Hidalgo  
(First) (Middle) (Maiden) (Last)PLACE AND DATE OF MARRIAGE Belzoni, Mississippi - 9 April 1943~~WIFE~~ (HER) ADDRESS BEFORE MARRIAGE Rt. 2, Box 76, Belzoni, Mississippi, USA  
(St. and Number) (City) (State) (Country)LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NAPRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)DATE OF BIRTH 15 May 1927 PLACE OF BIRTH Morgan City, Mississippi, USA  
(City) (State) (Country)IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NACITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA  
(City) (State) (Country)OCCUPATION File Clerk LAST EMPLOYER ClassifiedEMPLOYER'S OR BUSINESS ADDRESS Classified  
(St. and Number) (City) (State) (Country)MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA  
(Date) (Date)COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGNNA

SEC. 4. CHILDREN OR DEPENDENTS (Include partial dependents):

1 NAME Luz Maria Hidalgo RELATIONSHIP Daughter AGE 12  
 CITIZENSHIP U. S. ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)  
 2 NAME Frances Rebecca Hidalgo RELATIONSHIP Daughter AGE 7  
 CITIZENSHIP U. S. ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)  
 3 NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

(also dependent)

SEC. 5. FATHER (Give the same information for stepfather and/or guardian on a separate sheet)

FULL NAME Salinas Reyes Hidalgo  
(First) (Middle) (Last)  
 LIVING OR DECEASED Living DATE OF DECEASE \_\_\_\_\_ CAUSE NA  
 PRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)  
 DATE OF BIRTH December 1920 PLACE OF BIRTH Aguadilla, Puerto Rico  
(City) (State) (Country)  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY 1923 (March) NYC, NY  
 CITIZENSHIP U. S. WHEN ACQUIRED? Birth WHERE? Puerto Rico  
(City) (State) (Country)  
 OCCUPATION Retired LAST EMPLOYER Do not remember  
 EMPLOYER'S OR OWN BUSINESS ADDRESS None  
(St. and Number) (City) (State) (Country)  
 MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA  
(Date) (Date)  
 COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
NA

SEC. 6. MOTHER (Give the same information for stepmother on a separate sheet)

FULL NAME Frances Resario Hidalgo  
(First) (Middle) (Last)  
 LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA  
 PRESENT, OR LAST, ADDRESS Same as applicant  
(St. and Number) (City) (State) (Country)  
 DATE OF BIRTH 12 Jan. 1892 PLACE OF BIRTH Oviedo, Spain  
 CITIZENSHIP U. S. WHEN ACQUIRED? Marriage 1917 WHERE? Havana, Cuba  
(City) (State) (Country)  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY March 1924, NYC, NY, USA

(4)

OCCUPATION Retired LAST EMPLOYER Leonid De Lescinski

EMPLOYER'S OR OWN BUSINESS ADDRESS 48 St. NYC, NY  
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM NA TO NA BRANCH OF SERVICE NA

COUNTRY NA DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN  
NA

**Sec. 7. BROTHERS AND SISTERS** (Including half-, step-, and adopted brothers and sisters):

1. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME ..... AGE .....  
(First) (Middle) (Last)

PRESENT ADDRESS .....  
(St. and Number) (City) (State) (Country) (Citizenship)

## SEC. 8. FATHER-IN-LAW

FULL NAME Henry B. Boier  
(First) (Middle) (Last)

LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA

PRESENT, OR LAST, ADDRESS 210 California Avenue, Leland, Mississippi, USA  
(St. and Number) (City) (State) (Country)

DATE OF BIRTH 1895 PLACE OF BIRTH USA

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA

CITIZENSHIP US WHEN ACQUIRED? Birth WHERE? USA  
(City) (State) (Country)

OCCUPATION Laborer LAST EMPLOYER Unknown

SEC. 9. MOTHER-IN-LAW

FULL NAME Erma Rebecca Feior  
(First) (Middle) (Last)  
 LIVING OR DECEASED Living DATE OF DECEASE NA CAUSE NA  
 PRESENT, OR LAST, ADDRESS 210 California Avenue, Leland, Mississippi, USA  
(St. and Number) (City) (State) (Country)  
 DATE OF BIRTH 1893 PLACE OF BIRTH USA  
 IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY NA  
 CITIZENSHIP U. S. WHEN ACQUIRED? Birth WHERE? U.S.A.  
(City) (State) (Country)  
 OCCUPATION Housewife LAST EMPLOYER NA

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

See  
remarks

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

NONE

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_  
 3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_  
 CITIZENSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State) (Country)  
 TYPE AND LOCATION OF SERVICE (IF KNOWN) \_\_\_\_\_

## SEC. 12. POSITION DATA

A. KIND OF POSITION APPLIED FOR ..... See covering dispatch reference .....

B. WHAT IS THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT? \$5390.00 P/A  
(You Will Not Be Considered For Any Position With A Lower Entrance Salary.)

C. IF YOU ARE WILLING TO TRAVEL, SPECIFY: OCCASIONALLY ..... Yes .....  
FREQUENTLY ..... CONSTANTLY ..... X .....

D. CHECK IF YOU WILL ACCEPT APPOINTMENT, IF OFFERED: IN WASHINGTON, D. C. X .....  
ANYWHERE IN THE UNITED STATES X ..... OUTSIDE THE UNITED STATES X .....

E. IF YOU WILL ACCEPT APPOINTMENT IN CERTAIN LOCATIONS ONLY, SPECIFY LOCATIONS:  
.....

## SEC. 13. EDUCATION

ELEMENTARY SCHOOL St. Thomas Apostolic ADDRESS NYC NY USA  
(City) (State) (Country)  
DATES ATTENDED 1926-1934 GRADUATE? Yes

HIGH SCHOOL La Salle Academy ADDRESS 2nd St. and 2nd Avenue NYC, NY USA  
(City) (State) (Country)  
DATES ATTENDED 1936-1940 GRADUATE? Yes

COLLEGE NY University ADDRESS Washington Square, NYC, NY, USA  
Foreign Trade and (City) (State) (Country)  
MAJOR AND SPECIALTY Business Law YEARS COMPLETED Two (Night School)

DATES ATTENDED 1944-1945 DEGREE No

COLLEGE ADDRESS (City) (State) (Country)  
MAJOR AND SPECIALTY YEARS COMPLETED  
DATES ATTENDED DEGREE

CHIEF UNDERGRADUATE COLLEGE SUBJECTS

CHIEF GRADUATE COLLEGE SUBJECTS



Sec. 14. ACTIVE U. S. OR FOREIGN MILITARY SERVICE

U. S. (Country) Army (Service) Cpl. (Rank) 1940-1943 (Dates of Service)  
 Camp Hale, Colorado (Last Station) 202 149766 (Postal Number) Honorable (Type of Discharge)  
 REMARKS: None  
 Do not remember  
 SELECTIVE SERVICE BOARD NUMBER ADDRESS  
 IF DEFERRED GIVE REASON NA  
 INDICATE MEMBERSHIP IN MILITARY RESERVE ORGANIZATIONS NA

Sec. 15. CHRONOLOGICAL HISTORY OF EMPLOYMENT FOR PAST 15 YEARS. ACCOUNT FOR ALL PERIODS. INCLUDE CASUAL EMPLOYMENT. INCLUDE ALSO PERIODS OF UNEMPLOYMENT. GIVE ADDRESSES AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. LIST LAST POSITION FIRST. (List all civilian employment by a foreign government, regardless of dates.)

FROM Feb. 1952 TO Present CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS-11  
 EMPLOYING FIRM OR AGENCY See covering dispatch reference  
 ADDRESS See covering dispatch reference (St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR See covering dispatch  
 TITLE OF JOB See covering dispatch SALARY \$6390.00 PER annum  
 YOUR DUTIES See covering dispatch reference

REASONS FOR LEAVING  
 FROM January 1951 TO February 1952 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) GS-7  
 EMPLOYING FIRM OR AGENCY NY US Procurement Agency  
 ADDRESS 111 East 16th Street NYC, NY, USA (St. and Number) (City) (State) (Country)  
 KIND OF BUSINESS U. S. Govt. NAME OF SUPERVISOR Do not remember  
 TITLE OF JOB Inspector SALARY \$3525.00 PER annum  
 YOUR DUTIES Inspecting material being purchased by U. S. Govt. specifically the U. S. Army.  
 REASONS FOR LEAVING To obtain present position.  
 (7)

(8)

FROM July 1950 TO January 1951 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY American Trust Company

ADDRESS Wall Street, New York City, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work

REASONS FOR LEAVING Left for higher paying work

FROM January 1948 TO May 1950 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Colonial Trust Company

ADDRESS 6th Avenue and 45th Street, NYC, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Banking NAME OF SUPERVISOR Do not remember

TITLE OF JOB Collections clerk SALARY \$50.00 PER week

YOUR DUTIES Export banking clerical work.

REASONS FOR LEAVING Promised promotion failed to materialize.

FROM August 1945 TO September 1947 CLASSIFICATION GRADE (IF IN FEDERAL SERVICE) NA

EMPLOYING FIRM OR AGENCY Francis H. Leggett Inc.

ADDRESS 28th Street and 12th Avenue, NYC, NY, USA  
(St. and Number) (City) (State) (Country)

KIND OF BUSINESS Wholesale Grocery house. NAME OF SUPERVISOR Do not remember

TITLE OF JOB Correspondence clerk SALARY \$ 57.00 PER week

YOUR DUTIES Export correspondence clerical duties.

REASONS FOR LEAVING Disatisfied with type of work.

14-00000

SEC. 16. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? GIVE DETAILS:

No

SEC. 17. GENERAL QUALIFICATIONS

A. FOREIGN LANGUAGES (STATE DEGREE OR PROFICIENCY AS "SLIGHT," "FAIR," OR "FLUENT")

LANGUAGE Spanish ..... SPEAK Fluent ..... READ ..... Fluent ..... WRITE ..... Fluent .....

LANGUAGE Portuguese ..... SPEAK Slight ..... READ ..... Fair ..... WRITE ..... Slight .....

LANGUAGE ..... SPEAK ..... READ ..... WRITE .....

B. LIST ALL SPORTS AND HOBBIES WHICH INTEREST YOU: INDICATE DEGREE OF PROFICIENCY IN EACH:

Judo - Have attained "yellow belt" rank .....

Photography - Very good degree of proficiency .....

Bowling - Fair degree of proficiency .....

Philately - Fair degree of proficiency .....

Fishing (no comment) .....

C. HAVE YOU ANY QUALIFICATIONS, AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION?

Yes. See covering dispatch reference. ....

D. LIST ANY SPECIAL SKILLS YOU POSSESS AND MACHINES AND EQUIPMENT YOU CAN USE, SUCH AS OPERATION OF SHORT-WAVE RADIO, MULTILITH, COMPTOMETER, KEY PUNCH, TURRET LATHE, SCIENTIFIC OR PROFESSIONAL DEVICES:

All photographic devices. ....

APPROXIMATE NUMBER OF WORDS PER MINUTE IN TYPING 30 ..... SHORTHAND 0 .....

(10)

E. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION, SUCH AS PILOT, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, CPA, ETC.

IF YES, INDICATE KIND OF LICENSE AND STATE No

FIRST LIC. OR CERTIFICATE (YR)            LATEST LIC. OR CERTIFICATE (YR)           

F. GIVE ANY SPECIAL QUALIFICATIONS NOT COVERED ELSEWHERE IN YOUR APPLICATION SUCH AS:

- (1) YOUR MORE IMPORTANT PUBLICATIONS (DO NOT SUBMIT COPIES UNLESS REQUESTED)
- (2) YOUR PATENTS OR INVENTIONS
- (3) PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE
- (4) HONORS AND FELLOWSHIPS RECEIVED

NA

G. HAVE YOU A PHYSICAL HANDICAP, DISEASE, OR OTHER DISABILITY WHICH SHOULD BE CONSIDERED IN ASSIGNING YOU TO WORK? IF ANSWER IS "YES," EXPLAIN:

Yes. I must wear glasses continually.

H. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT OR ANY PENSION OR OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? IF ANSWER IS "YES," GIVE COMPLETE DETAILS:

No

SEC. 18. GIVE FIVE CHARACTER REFERENCES—IN THE U. S.—WHO KNOW YOU INTIMATELY—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. Edward Lee Anderson	BUS. ADD. See Dispatch reference.		
	RES. ADD.		
2. Willard Galbraith	BUS. ADD. " "	"	
	RES. ADD.		
3. Homer Neal	BUS. ADD. " "	"	
	RES. ADD.		
4. Andres Rivera	BUS. ADD. " "	"	
	RES. ADD.		
5. Joseph Sancho	BUS. ADD. " "	"	
	RES. ADD.		

SEC. 19. NAMES OF FIVE PERSONS WHO KNOW YOU SOCIALLY IN THE UNITED STATES—NOT REFERENCES, RELATIVES, SUPERVISORS, OR EMPLOYERS—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. _____	BUS. ADD. _____		
	RES. ADD. _____		
2. _____	BUS. ADD. _____		
	RES. ADD. _____		
3. _____	BUS. ADD. _____		
	RES. ADD. _____		
4. _____	BUS. ADD. _____		
	RES. ADD. _____		
5. _____	BUS. ADD. _____		
	RES. ADD. _____		

See  
remarks

SEC. 20. GIVE THREE NEIGHBORS AT YOUR LAST NORMAL RESIDENCE IN THE U. S.—(Give residence and business addresses where possible.)

	Street and Number	City	State
1. _____	BUS. ADD. _____		
	RES. ADD. _____		
2. _____	BUS. ADD. _____		
	RES. ADD. _____		
3. _____	BUS. ADD. _____		
	RES. ADD. _____		

See  
remarks

SEC. 21. FINANCIAL BACKGROUND

- A. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? Yes IF NOT, STATE SOURCES OF OTHER INCOME \_\_\_\_\_
- B. NAMES AND ADDRESSES OF BANKS WITH WHICH YOU HAVE ACCOUNTS Greenwich Savings Bank, 36th St. and Broadway and 6th Avenue, NYC, NY.

(12)

C. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? No  
GIVE PARTICULARS, INCLUDING COURT: \_\_\_\_\_

D. GIVE THREE CREDIT REFERENCES—IN THE U. S.

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)  
2. NAME None ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)  
3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
(St. and Number) (City) (State)

## SEC. 22. RESIDENCES FOR THE PAST 15 YEARS

FROM April 1952 TO Present \_\_\_\_\_  
(St. and number) (City) (State) (Country)  
FROM 1949 TO 1952 20 Ave. D, NYC, NY, USA  
(St. and number) (City) (State) (Country)  
FROM 1944 TO 1948 200 West 82nd St., NYC, NY, USA  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and number) (City) (State) (Country)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(St. and Number) (City) (State) (Country)

## SEC. 22 RESIDENCE OR TRAVEL OUTSIDE OF THE UNITED STATES

A. FROM 1919 TO 1924 Havana, Cuba Country of birth  
(City or section) (Country) (Purpose)  
FROM 1942 TO 1943 Pacific area US Army  
(City or section) (Country) (Purpose)  
FROM 1952 TO Present Republic of Panama Work  
(City or section) (Country) (Purpose)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)  
FROM \_\_\_\_\_ TO \_\_\_\_\_  
(City or section) (Country) (Purpose)

## SEC. 24. CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS

LIST NAMES AND ADDRESSES OF ALL CLUBS, SOCIETIES, PROFESSIONAL SOCIETIES, EMPLOYEE GROUPS, ORGANIZATIONS OF ANY KIND (INCLUDE MEMBERSHIP IN, OR SUPPORT OF, ANY ORGANIZATION HAVING HEADQUARTERS OR BRANCH IN A FOREIGN COUNTRY) TO WHICH YOU BELONG OR HAVE BELONGED:

1. None  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_  
2. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_  
3. \_\_\_\_\_  
(Name and Chapter) (St. and Number) (City) (State) (Country)  
DATES OF MEMBERSHIP: \_\_\_\_\_

4. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: \_\_\_\_\_

5. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: \_\_\_\_\_

6. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: \_\_\_\_\_

7. \_\_\_\_\_  
 (Name and Chapter) (St. and Number) (City) (State) (Country)  
 DATES OF MEMBERSHIP: \_\_\_\_\_

**Sec. 25. MISCELLANEOUS**

A. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED; OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU SUPPORTED, ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES?

IF "YES," EXPLAIN: No (See remarks)

B. DO YOU USE, OR HAVE YOU USED, INTOXICANTS? Yes IF SO, TO WHAT

EXTENT? Beer with meals

C. HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENSE AND DISPOSITION OF CASE:

No

D. HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? IF ANSWER IS "YES," GIVE DETAILS BELOW:

No

E. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940:

Department of Defense

Present Organization

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

Federal Bureau of Investigation - 1946

This Organisation - 1952

SEC. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME Amie Louise Hidalgo RELATIONSHIP wife

ADDRESS Same as applicant  
(No. and Number) (City) (State) (Country)

SEC. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

No

SEC. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT Pt. Amador, Canal Zone  
(City and State)

DATE 19 July 1957

[Signature]  
(Witness)

[Signature]  
(Signature of Applicant)

USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.



Section 1A - While an undercover agent for the Federal Bureau of Investigations from 1946 to 1949 I used the name of Bernard Harris to members of the Communist Party of the United States. This information is already on file in this organization.

Section 1D - I became an American citizen at birth through the citizenship of my father. This information is already on file in this organization.

Section 3B - My wife is employed by this organization.

Section 10 - I have many relatives in Spain and Cuba but do not correspond with them and so do not know names, addresses or present status.

Section 18 - All persons mentioned in this section are employees of this organization.

Sections 19

and 20 - Not having lived in the USA for over five years I have lost all contact with old friends, neighbors, etc. I do not know their addresses, status, etc., at this time.

Section 25 - My past connections with any subversive groups and the reasons for such connections is already on file in the files of this organization.

RECORD OF  
PREVIOUS GOVERNMENT  
SERVICE RETURNED TO  
FEDERAL RECORDS CENTER IN  
ST. LOUIS, MO.

DATE

July 14 71